

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF REVENUE
Carole B. Matthews
Secretary of State
DIVISION OF CORPORATIONS
95 MAY 14 9:01

DOCUMENT # P94000011916 (1) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
GULFSHORE HOMES DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

951 BROKEN SOUND PKWY
SUITE 135
BOCA RATON FL 33487

951 BROKEN SOUND PKWY
SUITE 135
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For

65-0473066

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangibles tax under S. 100.039

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL N
SUITE 300
NAPLES FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name) of registered agent and the officer or director

NOTE: Registered Agent signature required when mandating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Steven M. Watt
STREET ADDRESS	951 Broken Sound Pkwy #135
CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	Vice President / Secretary
NAME	Steven Charles
STREET ADDRESS	951 Broken Sound Pkwy #135
CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	Vice President / Treasurer
NAME	Stanley Charles
STREET ADDRESS	951 Broken Sound Pkwy #135
CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M Watt 5/1/95 813-944-2929

5/1/95