## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043095 (5)

**GULFSHORE LAKE VILLAS, INC.** 

**FILED** Mar 23 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address				
2005 TRADE CENTER WAY		-2005 TRADE CENTER WAY				
NAPLES FL 33942		NAPLES FL-33942		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	3FAGE	
				05/25/1995		
2. Principal P	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For	
21 11216	Jamiami Tr. W.	26 11216 TAMIA	mi To. W.	65-0584134	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 3 41		27 341		B. Certificate of Status Desired	Fee Required	
City & State  23 NAPLES, FL.		City & State  28 Naples FL		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip AP	Country	28 NAPLCS F	Country	Trust Fund Contribution	Added to Fees	
24 3411 0		<b>├</b> ─ <b>≢</b> 1	Collier	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible ☐ Yes     No	
	9. Name and Address of Current		O COCCIED	10. Name and Address of New Registered		
THI	RUSHMAN, GENE					
2065 TRADE CENTER WAY			00 00144	1000		
	PLES FL 33942		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
194FLES FL 33942			83			
			21 2			
			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 a	egistered agent, or both, in the State of im familiar with, and accept the obligati	i Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporati ida Statutes.	ion's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE						
ļ	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require			
12.	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change Addition	
NAME	THRUSHMAN, GENE	beerie	1.2 NAME		CT CHANGE CT VOCITION	
STREET ADDRESS	2065 TRADE CENTER WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP			
TITLE	144 000 1 000 1	DELETE	21 TITLE		Change Addition	
NAME		<b>—</b>	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	.~		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		l	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - 74P			6.4.CITY017IP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

941-591-0222