

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064441 (5)

1. Corporation Name

THE RESIDENCES AT GULFSHORE, INC.



Principal Place of Business

% PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

Mailing Address

% PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

4. FEI Number
65-0606453

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THOMPSON, STUART A
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 33940

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 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date of signature

(If Not Registered Agent Sign and report over remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

VINING, DONALD O
4115 CUTLASS LANE
NAPLES FL 33940

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

OUVERSON, THOMAS H
711 18TH AVENUE S
NAPLES FL 33940

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY - ST - ZIP

500001873423
-06/24/96--01045--016
***200.00

5/1/96
263-0552

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS H. OUVerson

CR2E034 (12/95)