

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90093 032 ***150.00

DOCUMENT # P95000064441

1. Corporation Name

THE RESIDENCES AT GULFSHORE, INC.

Principal Place of Business

% PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 34103
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

2. Principal Place of Business

21 5801 PELICAN BAY BLVD.

2a. Mailing Address

26 5801 PELICAN BAY BLVD.

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 SUITE 300

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 34108-2709

Country

25 USA

Zip

29 34108-2709

Country

30 USA

4. FEI Number

65-0606453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WILSON, GARY K
4501 TAMiami TRAIL NORTH
STE. 400
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

WILSON, GARY K.

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

5801 PELICAN BAY BLVD.

83 SUITE 300

84 City

NAPLES

FL

85 Zip Code

34108-2709

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D VINING, DONALD O
STREET ADDRESS
4115 CUTLASS LANE
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
D OUVerson, THOMAS H
STREET ADDRESS
711 18TH AVENUE S
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/99

Date

941-593-2952

Daytime Phone #