2001	UNIFORM BUS	INESS KEPŲ	KI (UDI	n)		
DOCUI	MENT # P960000	002001				
1. Entity Name GULFSHORE HOMES OF QUAIL WEST, INC.						
agei oi i	OHE HOMES OF GOME WE	31, 1110.			FILED	
Principal Plac	o of Rucinoss	Mailing Address			01 MAY -1 PH 1:	22
3704 ASCOT BEND COURT GULFSHORE HOMES INC					TADY OF STAT	ΙE
BONITA SPRINGS FL 33923		23815 ADDISON PL CT BONITA SPRINGS FL 33923			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•					THE PROPERTY OF THE PROPERTY O	
2. Principal Place of Business 23815 Addison Pl Ct 3. Mailing Add			ddress			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
City & State	Somme FL	City & State	City & State		FEI Number 65-0649519	Applied For Not Applicable
Zip 34/3	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Registered	Agent
SALVATORI, LEO J				ame		
4501 TAMIAMI TRAIL NORTH SUITE 300			Street A	reet Address (P.O. Box Number is Not Acceptable)		
	ES FL 33940-3060					
	- 48"		City		F	Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered ag	ent, or both, in the State of Florida.	
SIGNATURE.					DATE	
	Signature, typed or printed name of registered agent		E: Registered Agent signa		einstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After MAY 1, 2001 Fee			01 Fee will be \$	550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
,	ia on back) U	Make Check Payab	le to Departmer		DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
11.	PD	Delete	TITLE		STITIOTO TO STITIOTO STATE	Change
NAME STREET ADDRESS	WATT, STEVE 3704 ASCOT BEND CT.		NAME STREET ADDRESS	2381	5 Addrson PIC	
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	Bon	ita Springs F	L 34134
TITLE NAME	VPST CHARLSE, STEVEN	☐ Delete	. TITLE NAME		vita Springs F S Addison Pl C nita Springs FL	Change
STREET ADDRESS	3704 ASCOT BEND CT.		STREET ADDRESS	23819	5 Addison / 6	34134
CITY-ST-ZIP TITLE	BONITA SPRINGS FL	☐ Delete	TITLE	Col	THE Springs 12	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		ند	
CITY-ST-ZIP			CITY-ST-ZIP		<u>R</u>	158.76
TITLE NAME		☐ Delete	TITLE NAME		700004384	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		-06/08/01	01095001
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP		***3920.00	****158.75 ☐ Change ☐ Addition
NAME		_ 33.50	NAME STREET ADDRESS		MA	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		11/1	\mathcal{M}
TITLE NAME		☐ Delete	TITLE NAME			Change
STREET ADDRESS			STREET ADDRESS		(/ '	\cup
CITY-ST-ZIP	portify that the information available with	h this filing does not qualify for	CITY-ST-ZIP	tod in Section	119.07(3)(i), Florida Statutes. I further co	artify that the information
indicated	on this report or supplemental report i	n and many does not quality for sitrue and accurate and that o	nu e exemption sta ny sionature shall h	ave the same	in 19.07(3)(1), Florida Statutes. Flurther of legal effect as if made under gath: that l	Lam an officer or director

indicated on this report or supplemental 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 faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone # SIGNATURE: