

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90135 048 \*\*\*550.00

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**DOCUMENT # P96000028596**

1. Entity Name  
**GULF WINDS PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**10070 BOCA AVENUE SOUTH**  
**NAPLES FL 33942**

Mailing Address  
**10070 BOCA AVENUE SOUTH**  
**NAPLES FL 33942**

2. Principal Place of Business  
**798 107TH AVENUE.**

Suite, Apt. #, etc.

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**NAPLES FL**

Zip  
**34108**

Country  
**COLLIER**

City & State

Zip

Country

4. FEI Number  
**59-3436547**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COMERIATO, MERYLN D**  
**10070 BOCA AVE S.**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Meryln Comeriato* **MERYLN COMERIATO** **9-3-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003, Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D COMERIATO, SAM</b> <b>10070 BOCA AVENUE SOUTH</b> <b>NAPLES FL 33942</b> <b>798 107TH AVE N.</b> <b>34108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *SAM COMERIATO* **SAM COMERIATO** **9-3-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **732-587-1731**

CR2E034 (4/03)