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FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000070733 (6)

1. Corporation Name

POOLS OF GOLDEN GATE, INC.

Principal Place of Business

Mailing Address

4916 GOLDEN GATE PARKWAY  
NAPLES FL 33999

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NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3396616

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES FL 34102

10. Name and Address of New Registered Agent

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 607.1508, 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

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
VAN DORPLOG, KENETH J  
2611 44TH TERR S.W.  
NAPLES FL

1.2 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
VAN DORPLOG, JUDITH A  
2611 44TH TERR S.W.  
NAPLES FL

1.3 NAME ☐ DELETE

1.4 NAME

1.5 NAME

1.6 NAME

1.7 NAME

1.8 NAME

1.9 NAME

1.10 NAME

1.11 NAME

1.12 NAME

1.13 NAME

1.14 NAME

1.15 NAME

1.16 NAME

1.17 NAME

1.18 NAME

1.19 NAME

1.20 NAME

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE: ✓

Keneth J. Van Dorplog

941-455-2272

CR2E034 (10/97)