PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019015

GULFSHORE HOMES II, INC.

	*** *** *** *** *** *** *** *** *** **				•			
Principal Place of Business		Mailing Address				1 SERIED IN THE LEGISLANIA SERVICE	99/20 1/2/20 (2/2) 22/20	
4501 TAMIAMI TRAIL NORTH		4501 TAMIAMI TRAIL NORTH						
SUITE 300		SUITE 300				DO NOT WRITE IN	THIS SDACE	-
NAPLES FL 34103		NAPLES FL 34103		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
1						l .		
						02/28/1997		
<u></u>	ace of Business	2a. Mailing Address				4, FEI Number	<u> </u>	plied For
21		26 Gulfshore	: HOM	<u>185.</u>	\underline{JUC}	59-3434799	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	lisan_	Pla	ce C+-	5. Certificate of Status Desired	Fee Re	
City & State	e	City & State		_		6. Election Campaign Financing	\$5.00	May Be
23		28 honita 50	റ്റുമുട	F	L	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	O OL	untry		8. This corporation owes the current ye		
24	25	29 34134	30 (Ω	ò	Personal Property Tax.	☐ Yes	□No
1-11	9. Name and Address of Current			Ī		10. Name and Address of New Regist	ered Agent	
81 Name								
SALVATORI, LEO J				82	Ot	ess (P.O. Box Number is Not Acceptable)		
4501 TAMIAMI TRAIL NORTH				02	Street Addre	SS (F.O. BOX Number is Not Acceptable)		ì
SUITE 300								
NAPLES FL 34103								
ļ 				84	City		FL 85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was	s autnorize	ดองเ	tne corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ise of changing its appointment as re	registered gistered
SIGNATURE			TE: Besisters	d Agoni	t signature required	when reinstation)	ATE	i
12.	Signature, typed or printed name of registered agent OFFICERS AND	**** - · · · · · /	13.		t signature required	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
ITLE	P	DELETE	1.1 T		- $$	1,00110.10.10.10.10.10.10.10.10.10.10.10.1	☐ Change	Addition
	WATT, STEVE N			IAME				
NAME	3704 ASCOT BEND CT				ADDRESS			l
STREET ADDRESS								
CITY-ST-ZIP	BONITA SPRINGS FL 34134	☐ DELETE		TTY-ST	-ZiP		Change	Addition
TITLE	VPST		2.1 T		ļ			
NAME	CHARLES, STEVEN M			IAME				
STREET ADDRESS	4075 NW 60TH CIR		2.3 S	TREET	ADDRESS			
_CITY-ST-ZIP	BOCA RATON FL 33496			2. 4 CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE	VP .	☐ DELETE	3,1 T	TILE			Change	Addition.
NAME	STOCK, K C		3.2 N	IAME				į
STREET ADDRESS	3110 MARKET ST		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	GREENWAY WI 54304		3.4. 0	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 T	TTLE			☐ Change	☐ Addition 1
NAME			4.21	NAME				
STREET ADDRESS			4.3 \$	TREET	ADDRESS			ļ

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 a stachment with an address, with all other like empowered. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 027 ***150.00

☐ Change

☐ Change

Addition

☐ Addition