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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90011 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000005795

1. Corporation Name
GULFSHORE HOMES T.E., INC.

Principal Place of Business

4501 TAMiami TRAIL NORTH
 STE 300
 NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL NORTH
 STE 300
 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59.3501833

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**2. Principal Place of Business**

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Gulfshore Homes, Inc.

27 23815 Addison Place Ct.

28 Bonita Springs, FL

29 34134 30 US

9. Name and Address of Current Registered Agent

NAPLES-LAWDOCK
 4501 TAMiami TRAIL NORTH
 STE 300
 NAPLES FL 34103

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

TITLE ☐ DELETE

NAME **PRESIDENT**
STEVEN M. WATT
 STREET ADDRESS **23815 ADDISON PLACE CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ DELETE

NAME **VP/SEC/TR**
STEVEN CHARLES
 STREET ADDRESS **23815 ADDISON PLACE CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)