CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000031681

1. Corporation Name

GULFSHORE HOMES OF WES	T BAY, INC.				
Principal Place of Business	Mailing Address	ı			
3704 ASCOT BEND COURT	3704 ASCOT BEND COURT				
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 341			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			04/07/1998		
2. Principal Place of Business	2a. Mailing Address		4: FEI Number	Ap	plied For
	28 Grafstore t	times ton.	LE-0276343	 	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	MIND, MA		\$8.75 A	Additional
22	27 23815 ANG ISO	n Place C-L.	5. Certificate of Status Desired	Fee Re	quired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	28 Boota Socia	is fl	Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Country	8. This corporation owes the current year !	intangible	_
24 25	29.341.34 3	風 じ	Personal Property Tax.	☐ Yes	□No
9. Name and Address of I	Surrent Registered Agent		10. Name and Address of New Registere	d Agent	
		B1 Name			{
NAPLES:LAWDOCK, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
4501 TAMIAMI TRAIL NORTH					
SUITE 300		83	•		
NAPLES FL 34103		84 City		. 85 Zip C	Code
		1-1	poration submits this statement for the purpose on's board of directors. I hereby accept the app	LIII K.	
SIGNATURE Signeture, typed or printed name of registres. 12. OFFICE	ared agent and title if applicable. (NOTE: R RS AND DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TILE PRESIDENT	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME STEVEN MWA	Taire	1.2 NAME			- 1
STREET ADDRESS 73215 ADD 150	" PLACE CI	1.3 STREET ADDRESS			1
CITY-ST-ZP RONITA SOR ING	S.FL 34134	1.4 CITY-ST-ZIP			
TITLE VICE PRESIDENT	SEC/TREAS DELETE	2.1 TITLE		Change	Addition
NAME STOVEN CHARLS	E	22 NAME			
STREET ADDRESS 2385 ADDISON	PLACE	23 STREET ADDRESS			
CITY-ST-ZP RONITA SPRING	S.FL 39134	2.4 CITY-ST-ZIP	<u> </u>		
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition]
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		•	
CITY-ST-ZIP		3.4. CITY-ST-ZIP			- Additio-
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME .		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			[] Addition
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		8.2 NAME			-
STREET ADDRESS		6.3 STREET ADDRESS			ĺ

14. I hereby certify that the information supplied with this filting does not qualify for the exemption steed 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 coriogration 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 ciranged, or on an attachment with an address, with all other like empowered.

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90011 026 ***150.00