2008 FOR PROFIT CORPORATION

FILED Ian 24. 2008 08:00 Al State

ANNOAL REPORT					o a	·· 2,	2000 000
1. Entity Nam					Secre	etary of S	
GOLD CO	OAST HOMES OF LEE COUN	NTY, INC.					
Principal Plac	ce of Business	Mailing Address		7			
1326 LAFAYETTE STREET CAPE CORAL, FL 33904		1326 LAFAYETTE STREET CAPE CORAL, FL 33904		L (189); BII(10);	BIII'D 19511 9719) B 12 9/1	A1841 A48)) BJ114 B	IBN BLBN BIBNIBRI IL 1881
			Section 1				
Ĺ	OO NOT WRITE	IN THIS SPA	CE	01182008 4. FEI Number		CR2E034	Applied For
			ا در ادر ادر ادر ادر ادر ادر ادر ادر ادر	65-0354	1446		Not Applicable
i ji En oraș	6. Name and Address of Current Re	egistared Agent	, d S.,	5. Certificate of	of Status Desired		3.75 Additional e Required
	0. Name and Address of Current Na	igistereo Agent	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TUCKER, ALAN L P,S,T 435 SW 12TH STREET				DO	NOT W	RITE	
CAPE CO	RAL, FL 33991			IN T	THIS SP	ACE	
		n			Carlo Carlo		
8. The above	e named entity submits this statement for the named entity submits this statement for the name of registered agent.	he purpose of changing its register	red office or register	red agent, or both			iliar with, and accept
SIGNATURE_	plan Juc			1-19	7-08	7	
	* Signature typed or printed name of registered agent and	J tille if applicable (NOTE Registere	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees			
10.	OFFICERS AND DI	IRECTORS		7r, 1	4 5 5		
TITLE NAME STREET ADDRESS	DD TUCKER, ALAN L P,S,T 435 SW 12TH STREET		\$ 1 A				
CITY-ST-ZIP	CAPE CORAL, FL 33991			,	ുത്തു. എത്തു സംഘടനം	Ozoboji k	
TITLE NAME	D ROUSKEY, SCOTT C V					10793714 3-80019-	
STREET ADDRESS CITY - ST-7IP	1799 FOUR MILE COVE PKWY. U CAPE CORAL, FL 33990	UNIT # 936	<u> </u>				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO,	NOT W	RITE	
TITLE				1 0 1 1 He	THIS SP	4.5	
NAME STREET ADDRESS			3	<u>.</u>		· · · · · ·	
CITY-ST-ZIP			-				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP			en Su				
TITLE							El - Springe of Ellips
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and acceptate 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 fike empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: