## 2005 FOR PROFIT CORPORATION

## - FILED r 28 2005 08:00 AM

ANNUAL REPORT							Secretary of State				
DOCUMENT # K39210						]	Secre	etary	of St	ate	
1. Entity Nam	J <del>o</del>										
GULF BAY DEVELOPMENT VENTURES, INC.											
Principal Plac	e of Business		Mailing Address								
3200 TAMIAMI TRAIL N., STE 200			3200 TAMIAMI TRAIL N., STE 200								
NAPLES, FL 34103 US			NAPLES, FL 34103 US			 	i kiied ineen mank man han	1100 1100 BIO	L <b>ethel bun</b> k <b>bu</b>	<b>                                  </b>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State		<del></del>	4. FEI Numbe 65-0077			No	oplied For ot Applicable	
Zip	Country		Zip			<u> </u>	of Status Desired	<u> </u>	\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Current	Name	7. Name and	Address of New R	egistered A	gent				
WOODWARD, MARK J 3200 TAMIAMI TRAIL N STE 200					Street Address (P.O. Box Number is Not Acceptable)						
NAPLES,		214., 012 200						·			
					City		· <del>-</del>	FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent eignature required when reinstating)  DATE											
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PD		☐ Defete TITLE		1		•		☐ Change	Addition	
NAME	1	AUBREY J	NAME				Latinitati	003396	ac ·		
STREET ADDRESS CITY - ST - ZIP	NAPLES,	B CENTER BLVD FL 34114	CITY-ST		ET ADDRESS -ST-ZIP		04/28/09	10223D	70 7-017	158.75	
TITLE	VPD		☐ Delete TITLE		E				☐ Change	Addition	
NAME	PARISI, JOSEPH L		NAM		E						
STREET ADDRESS CITY-ST-ZIP	3470 CLUB CENTER BLVD. NAPLES, FL 34114				EET ADDRESS -ST-ZIP						
TITLE	SD		☐ Delete TITU		E		ŧ		☐ Change	☐ Addition	
NAME	WOODWARD, MARK J		NAM		i i						
STREET ADDRESS CITY: ST-ZIP	NAPLES,	IAMI TRAIL N. #200 FL 34103			EET ADDRESS '-ST-ZIP						
TITLE	TD		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	1	, ANTHONY		NAM	1					ļ	
STREET ADDRESS CITY-ST-ZIP	NAPLES,	B CENTER BLVD. FL 34114			EET ADDRESS - ST-ZIP						
TITLE		<u> </u>	☐ Delete	נחוד	·				☐ Change	☐ Addition	
NAME	}			NAM	IE Eet address					j	
STREET ADDRESS CITY - ST - ZIP					-ST-ZIP						
TITLE	<del></del>		☐ Delete	TITU	E				☐ Change	☐ Addition	
NAME				NAM							
STREET ADDRESS	1			- 1	EFT ADDRESS -ST-ZIP					}	
CITY-ST-ZIP	nadilu that the	information generalized with	this filing does not qualify f			iction 119 07/3\6	) Florida Statutes 1	further cert	ify that the i	nformation	
12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 like empowered.											
SIGNATURE: 4/13/05 (239) 782-9400										9400	
		SIGNATURE AND TYPED OR P	RIVED NAME OF SIGNING OFFICE	R OR DIREC	TOR TO		Date	Di	ıyılmı Phone #	ĺ	

AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR DIFFECTOR