

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050242 (4)**

1. Corporation Name

GULF BAY LAND HOLDINGS II, INC.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963**

Mailing Address
**801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963**

3. Date Incorporated or Qualified **07/01/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Net Applicable

21

26

65-0507928

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

City & State

City & State

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, MARK J
801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **FERRAO, AUBREY J**
STREET ADDRESS **4001 TAMiami TRAIL NORTH, SUITE 350**
CITY - ST - ZIP **NAPLES FL 33940**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **WOODWARD, MARK J**
STREET ADDRESS **801 LAUREL OAK DRIVE**
CITY - ST - ZIP **NAPLES FL 33963**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **VP**
NAME **Hayes, John**
STREET ADDRESS **4001 Tamiami Trail N, Ste 350**
CITY - ST - ZIP **NAPLES, Florida 33940**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 an attachment with an address.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** **4/26/95** **813-434-2030**
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #