2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P94000050242 1. Entity Name GULF BAY LAND HOLDINGS II, INC. 05-12-2001 90009 005 ***158.75 Principal Place of Business Mailing Address **BOI LAUREL OAK DRIVE** 801 LAUREL OAK DRIVE #710 #710 NAPLES FL 34108 NAPLES FL 34108 US US 2. Principal Place of Business 3. Mailing Address 3200 Tamiami Trail N. 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 Applied For City & State City & State 4. FEI Number 65-0507928 Not Applicable Naples. Naples, FL Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 4103 <u>34103</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 Tamiami Trail N., Suite 200 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34108 Zip Code 34103 Naples 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Detete TITLE DINARDO, ANTHONY NAME NAME 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 Change TITLE ☐ Addition ☐ Delete TITLE WOODWARD, MARK J NAME NAME STREET ADDRESS 3200 Tamiami Trail N., Suite 200 801 LAURE OAK DR., STE 710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 Naples, FL 34103 ☐ Addition DP TITLE TITLE ☐ Delete FERRAO, AUBREY J NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the informatic 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 supply mental 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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other like empowered.

Aubrey Ferrao 04/25/01 941 732 9400 SIGNATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Proces

SIGNATURE: