

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90290 047 ***158.75

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1. Entity Name
GULF BAY 100, INC.



Principal Place of Business
3200 TAMiami TRAIL NORTH
STE 200
NAPLES, FL 34103 US

Mailing Address
3200 TAMiami TRAIL NORTH
STE 200
NAPLES, FL 34103 US

14011954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0395715

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL NORTH
STE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME WOODWARD, MARK J
STREET ADDRESS 3200 TAMiami TRAIL NORTH STE 200
CITY-ST-ZIP NAPLES, FL 34103

TITLE DP ☐ Delete
NAME FERRAO, AUBREY J.
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE TD ☐ Delete
NAME DINARDO, ANTHONY
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE VPD ☐ Delete
NAME PARISI, JOSEPH L
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi, Director

4/15/04 (239) 732-9400

Date

Daytime Phone #