

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000015485

**Entity Name:** GULF BAY 100, INC.

**Current Principal Place of Business:**

8156 FIDDLER'S CREEK PKWY  
NAPLES, FL 34114

**Current Mailing Address:**

8156 FIDDLER'S CREEK PKWY  
NAPLES, FL 34114 US

**FEI Number:** 65-0395715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           FERRAO, AUBREY J  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

Title           SECRETARY  
Name           PARISI, JOSEPH L  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

Title           TREASURER  
Name           DINARDO, ANTHONY  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

Title           DIRECTOR  
Name           FERRAO, TINA M  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

Title           DIRECTOR  
Name           FERRAO, DANIEL A  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

Title           DIRECTOR, VP  
Name           FERRAO, MARISSA A  
Address        8156 FIDDLER'S CREEK PKWY  
City-State-Zip: NAPLES FL 34114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH L. PARISI

**SECRETARY**

**04/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date