

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041568

Entity Name: GULF BAY CONSTRUCTION TWO, LLC**Current Principal Place of Business:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**Current Mailing Address:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODWARD, MARK J
3200 TAMiami TRAIL NORTH, SUITE 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

Authorized Person(s) Detail :

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

Title DIRECTOR, CFO
Name DINARDO, ANTHONY
Address 8156 FIDDLER'S CREEK PARKWAY
City-State-Zip: NAPLES FL 34114

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

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

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

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

Title DIRECTOR, VP
Name FERRAO, EVA A
Address 8156 FIDDLER'S CREEK PARKWAY
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY DINARDO**CHIEF FINANCIAL
OFFICER****04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date