
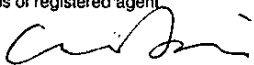
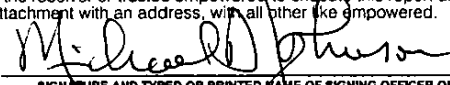


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 001 ****61.25

DOCUMENT # 714696 1. Entity Name GULF BAY INC. OF NAPLES																																																																																																																													
Principal Place of Business 2800 GULF SHORE BLVD NAPLES, FL 33940			Mailing Address 265 AIRPORT RD. SOUTH NAPLES, FL 34104 US																																																																																																																										
2. Principal Place of Business c/o Integrated Property Mgmt.		3. Mailing Address c/o Integrated Property Mgmt.																																																																																																																											
Suite, Apt. #, etc. 3435 - 10th Street N., #201		Suite, Apt. #, etc. 3435 - 10th Street N., #201																																																																																																																											
City & State Naples, FL		City & State Naples, FL																																																																																																																											
Zip 34103	Country		Zip 34103	Country																																																																																																																									
6. Name and Address of Current Registered Agent R&P PROPERTY MANAGEMENT 265 AIRPORT RD. SOUTH NAPLES, FL 34104			7. Name and Address of New Registered Agent Name - Swalm, Bourgeau, & Davies, P.A. Street Address (P.O. Box Number is Not Acceptable) Chris Davies 2375 Tamiami Trail N. #308 City Naples FL Zip Code 34103																																																																																																																										
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  C. N. DAVIES April 13, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VPD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COFFEY, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 GULF SHORE BLVD. N. #207</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 N. GULF SHORE BLVD N. #206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DYKE, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 GULF SHORE BLVD. N. #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPINA, E. DANIAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 GULF SHORE BLVD N. #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 00000, 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OELERICH, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 GULF SHORE BLVD. N. #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICOUD, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 GULF SHORE BLVD. N. #205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VPD	<input type="checkbox"/> Delete	NAME	COFFEY, MIKE		STREET ADDRESS	2800 GULF SHORE BLVD. N. #207		CITY-ST-ZIP	NAPLES, FL 34103		TITLE	STD	<input type="checkbox"/> Delete	NAME	JOHNSON, MICHAEL		STREET ADDRESS	2800 N. GULF SHORE BLVD N. #206		CITY-ST-ZIP	NAPLES, FL 34103		TITLE	VPD	<input type="checkbox"/> Delete	NAME	DYKE, TOM		STREET ADDRESS	2800 GULF SHORE BLVD. N. #101		CITY-ST-ZIP	NAPLES, FL 34103		TITLE	D	<input type="checkbox"/> Delete	NAME	SPINA, E. DANIAL		STREET ADDRESS	2800 GULF SHORE BLVD N. #107		CITY-ST-ZIP	NAPLES, FL 00000, 34103		TITLE	D	<input type="checkbox"/> Delete	NAME	OELERICH, RICHARD		STREET ADDRESS	2800 GULF SHORE BLVD. N. #210		CITY-ST-ZIP	NAPLES, FL 34103		TITLE	PD	<input type="checkbox"/> Delete	NAME	NICOUD, TIMOTHY		STREET ADDRESS	2800 GULF SHORE BLVD. N. #205		CITY-ST-ZIP	NAPLES, FL 34103		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																											
NAME	COFFEY, MIKE																																																																																																																												
STREET ADDRESS	2800 GULF SHORE BLVD. N. #207																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 34103																																																																																																																												
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																											
NAME	JOHNSON, MICHAEL																																																																																																																												
STREET ADDRESS	2800 N. GULF SHORE BLVD N. #206																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 34103																																																																																																																												
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																											
NAME	DYKE, TOM																																																																																																																												
STREET ADDRESS	2800 GULF SHORE BLVD. N. #101																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 34103																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	SPINA, E. DANIAL																																																																																																																												
STREET ADDRESS	2800 GULF SHORE BLVD N. #107																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 00000, 34103																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	OELERICH, RICHARD																																																																																																																												
STREET ADDRESS	2800 GULF SHORE BLVD. N. #210																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 34103																																																																																																																												
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																											
NAME	NICOUD, TIMOTHY																																																																																																																												
STREET ADDRESS	2800 GULF SHORE BLVD. N. #205																																																																																																																												
CITY-ST-ZIP	NAPLES, FL 34103																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  4/19/06 239434-0165 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													