

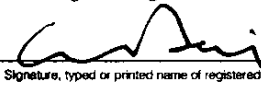



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 044 \*\*\*\*61.25

<b>DOCUMENT # 714696</b> 1. Entity Name <b>GULF BAY INC. OF NAPLES</b>					
Principal Place of Business <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103</b>			Mailing Address <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03222007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1269655</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>R&amp;P PROPERTY MANAGEMENT 265 AIRPORT RD. SOUTH NAPLES, FL 34104</b>			7. Name and Address of New Registered Agent Name <b>Davies, Chris</b> Street Address (P.O. Box Number is Not Acceptable) <b>2375 Tamiami Tr. North, Suite 308</b> City <b>Naples, FL</b> Zip Code <b>34103</b>		
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 		<b>CHRISTOPHER N. DAVIES</b>		<b>MARCH 28, 2007</b>	
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COFFEY, MIKE 2800 GULF SHORE BLVD. N #207 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, MICHAEL 2800 N. GULF SHORE BLVD N #206 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DYKE, TOM 2800 GULF SHORE BLVD. N. #101 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINA, E. DANIAL 2800 GULF SHORE BLVD N #107 NAPLES, FL 00000, 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OELERICH, RICHARD 2800 GULF SHORE BLVD. N. #210 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOUD, TIMOTHY 2800 GULF SHORE BLVD. N. #205 NAPLES, FL 34103	<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/5/07</b> Daytime Phone # <b>239 430-0090</b>		