

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714696

FILED
Jan 29, 2009
Secretary of State

Entity Name: GULF BAY INC. OF NAPLES

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N #201
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1269655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, CHRIS
2375 TAMiami TRAIL NORTH, SUITE 308
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: COFFEY, MIKE
Address: 2800 GULF SHORE BLVD. #207
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: JOHNSON, MICHAEL
Address: 2800 GULF SHORE BLVD. N#206
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: DYKE, TOM
Address: 2800 GULF SHORE BLVD. N. #101
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BLOMQUIST, BILL
Address: 2800 GULF SHORE BLVD. N #201
City-St-Zip: NAPLES, FL 34103

Title: DVP () Delete
Name: OELERICH, DICK
Address: 2800 GULF SHORE BLVD. N #210
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: NICOUD, TIMOTHY
Address: 2800 GULF SHORE BLVD. N. #205
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: NICOUD, TIMOTHY SR
Address: 2800 GULF SHORE BLVD. N. #205
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY NICOUD, SR

PD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date