

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714696

FILED
Apr 12, 2011
Secretary of State

Entity Name: GULF BAY INC. OF NAPLES

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
5020 TAMiami TR NORTH, STE 206
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: DP
Name: SHARMAN, JIM
Address: 2800 GULF SHORE BLVD. #209
City-St-Zip: NAPLES, FL 34103

Title: DVP1
Name: RUHL, CHUCK
Address: 2800 GULF SHORE BLVD. N #305
City-St-Zip: NAPLES, FL 34103

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

Title: DVPB
Name: SEEDS, BOB
Address: 2800 GULF SHORE BLVD. N #405
City-St-Zip: NAPLES, FL 34103

Title: DT
Name: CONNOR, JAMES
Address: 2800 GULF SHORE BLVD. N #203
City-St-Zip: NAPLES, FL 34103

Title: DS
Name: BREADEN, AMY
Address: 2800 GULF SHORE BLVD. N. #307
City-St-Zip: NAPLES, FL 34103

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA MARCOS

SECT

04/12/2011

Electronic Signature of Signing Officer or Director

_____ Date