

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001241

1. Entity Name
GULF BAY DEVELOPMENT ADVOCATES, LTD.



Principal Place of Business
3200 TAMiami TRAIL N., STE. 200
NAPLES, FL 34103

Mailing Address
3200 TAMiami TRAIL N., STE. 200
NAPLES, FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0523214

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL N., STE. 200
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature is typed or printed name of registered agent and file if applicable)

DATE

9. Capital Contributions
 as Shown on record **\$990.00**

10. Amount of Capital Contributions
 in FLORIDA to date **990.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L88996**
 NAME **GULF BAY DEVELOPMENT ADVOCATES, INC**
 STREET ADDRESS **3470 CLUB CENTER BLVD**
 CITY ST ZIP **NAPLES, FL 34114**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

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000000158520
05/07/04-80032-001 150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/04

(239) 732-9400

Date

Daytime Phone #

Anthony DiNardo, as Treasurer

STAPLE CHECK HERE