


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90393 001 \*\*\*158.75

**DOCUMENT # F0000001902**

1. Entity Name  
**GULF BAY LAND INVESTMENTS, INC.**



**14012750**



Principal Place of Business  
**3470 CLUB CENTER BLVD  
 NAPLES, FL 34114**

Mailing Address  
**3470 CLUB CENTER BLVD  
 NAPLES, FL 34114**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0072733**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRAGGARD, K.LAWRENCE**  
**200 S.BISCAYNE BLVD,STE 4900**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | PD                                | <input type="checkbox"/> Delete            |
| NAME           | FERRAO, AUBREY J                  |  |
| STREET ADDRESS | 3470 CLUB CENTER BLVD             |  |
| CITY-ST-ZIP    | NAPLES, FL 34114                  |  |
| TITLE          | VSD                               | <input checked="" type="checkbox"/> Delete |
| NAME           | DINARDO, ANTHONY                  |  |
| STREET ADDRESS | 3470 CLUB CENTER BLVD             |  |
| CITY-ST-ZIP    | NAPLES, FL 34114                  |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | PARISI, JOSEPH L.                 |  |
| STREET ADDRESS | 3470 CLUB CENTER BLVD             |  |
| CITY-ST-ZIP    | NAPLES, FL 34114                  |  |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | HOSOHRA, TETUSO                   |  |
| STREET ADDRESS | 1285 AVE. OF THE AMERICAS,36TH FL |  |
| CITY-ST-ZIP    | NEW YORK, NY 10019                |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |   |
|----------------|---|---|
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |   |
| STREET ADDRESS |   |   |
| CITY-ST-ZIP    |   |   |
| TITLE          | Secretary   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |   |
| STREET ADDRESS |   |   |
| CITY-ST-ZIP    |   |   |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Secretary   |   |
| STREET ADDRESS | Woodward, Mark J.                                 |   |
| CITY-ST-ZIP    | 3200 Tamiami Trail No. (#200)<br>Naples, FL 34108 |   |
| 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 exemption stated in Section 119.07(3)(i), 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 607, 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:  **ANTHONY D. NARDO - DIRECTOR**

Date: **4/13/05** (234) 732-9400