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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Linda B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # K39201 (4)**

**GULF BAY DEVELOPMENT PROPERTIES, INC.**

Principal Place of Business: **C/O WOODWARD & WOODWARD, P.A. 801 LAUREL OAK DR SUITE 640 NAPLES FL 33963**

Mailing Address: **C/O WOODWARD & WOODWARD, P.A. 801 LAUREL OAK DR, SUITE 640 NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** State: **Ap** # **01**

2b. Mailing Address: **26** State: **Ap** # **01**

22. City & State: **27** City & State

23. County: **28** County

24. **25** **29** **30**

3. Date of Incorporation or Creation: **10/17/1988**

3a. Date of Last Report: **04/22/1994**

4. FFI Number: **65-0077357**

Applied For:  Not Applicable:

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

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent

**WOODWARD, MARK J.  
801 LAUREL OAK DR., SUITE 640  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81. Name:

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

83.

84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 600.0202 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby assent the appointment as registered agent. I am familiar with and accept the obligations of Section 607.032, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME: **PD FERRAO, AUBREY J.**  
2. STREET ADDRESS: **4001 TAMiami TRAIL N., STE.350**  
3. CITY: **NAPLES FL**

4. NAME: **D WOODWARD, MARK J**  
5. STREET ADDRESS: **801 LAUREL OAK DR #640**  
6. CITY: **NAPLES FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

7. NAME:  Change  Addition

8. NAME:  Change  Addition

9. NAME:  Change  Addition

10. NAME:  Change  Addition

11. NAME:  Change  Addition

12. NAME:  Change  Addition

13. NAME:  Change  Addition

14. NAME:  Change  Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shown and given up, for the reasons stated in Section 607.032 (b), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I understand the consequences of this statement and that my signature shall have the same legal effect as if made under oath. I understand the consequences of this statement and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** **4/25/95** **813-434-2030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR