


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90290 034 \*\*\*158.75

**DOCUMENT # K39204**

1. Entity Name  
 GULF BAY DEVELOPMENT SOUTHWEST, INC.



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

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

14011967



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

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

01092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
 65-0077355

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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          | VPD                        | <input type="checkbox"/> Delete |
| NAME           | PARISI, JOSEPH L           |                                 |
| STREET ADDRESS | 3470 CLUB CENTER BLVD.     |                                 |
| CITY-ST-ZIP    | NAPLES, FL 34114           |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | WOODWARD, MARK J           |                                 |
| STREET ADDRESS | 3200 TAMIAMI TRAIL N. #200 |                                 |
| CITY-ST-ZIP    | NAPLES, FL 34103           |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | DINARDO, ANTHONY           |                                 |
| STREET ADDRESS | 3470 CLUB CENTER BLVD.     |                                 |
| CITY-ST-ZIP    | NAPLES, FL 34114           |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| 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: \_\_\_\_\_ Date: 4/15/04 Daytime Phone #: (239) 732-9400

Joseph Livio Parisi, Director