

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northington  
Tallahassee, Florida  
32399-0001

APPROVED  
AND  
FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K39208** (9)

GULF BAY DEVELOPMENT PLANNERS, INC.

1. Name of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
%WOODWARD & WOODWARD P.A. 801 LAUREL OAK DR. STE 640 NAPLES FL 33963		%WOODWARD & WOODWARD P.A. 801 LAUREL OAK DR. STE 640 NAPLES FL 33963		10/17/1988		04/22/1994	
2. Principal Office Address	2b. Mailing Address	4. FEI Number		Applied For		Not Applicable	
21	26	65-0077353					
22. State, Apt. #		27. State, Apt. #		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOODWARD, MARK J. 801 LAUREL OAK DR. STE 640 NAPLES FL 33963				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 607.0502 and 607.1508, 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FERRAO, AUBREY J.	2. NAME	
3. STREET ADDRESS	4001 TAMiami TRAIL N., STE.350	3. STREET ADDRESS	
4. CITY & STATE	NAPLES FL	4. CITY & STATE	
5. TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	WOODWARD, MARK J.	6. NAME	
7. STREET ADDRESS	801 LAUREL OAK DR., #640	7. STREET ADDRESS	
8. CITY & STATE	NAPLES FL	8. CITY & STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Item 111 (2), (b)(1), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an eligible director of the corporation or the officer or the officer designated to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report or on an attachment with an address.

SIGNATURE: *Aubrey J. Ferrao* Aubrey J. Ferrao 4/26/95 813-434-2030  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR