

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Morhart
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

55 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39210** (5)

1. Corporation Name
GULF BAY DEVELOPMENT VENTURES, INC.

Principal Office of Business: **C/O WOODWARD & WOODWARD, P.A. 901 LAUREL OAK DR. STE 640 NAPLES FL 33963**
Mailing Address: **C/O WOODWARD & WOODWARD, P.A. 901 LAUREL OAK DR. STE 640 NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized: **10/17/1988** 3a. Date of Last Report: **04/22/1994**
4. FEI Number: **65-0077350** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Office of Business: **21** 2b. Mailing Address: **26**
State, Apt #, etc.: **22** State, Apt #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** County: **25** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent
**WOODWARD, MARK J.
801 LAUREL OAK DR. STE 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 607.0502 and 607.1502, 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, and the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

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

14. I, the undersigned, certify that the corporation, applicant with this filing, is voluntarily terminated and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that this statement is filed on the annual report or supplemental annual report as true and accurate and that the signature shall have the same legal effect as if made under oath. This statement shall be effective on the date of filing of this report or supplemental report as required by Chapter 12, Florida Statutes, and that my report appears on this filing. I think that a change of an officer or director with an address.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** 4/25/95 813-434-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR