


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K39210**  
 1. Entity Name  
**GULF BAY DEVELOPMENT VENTURES, INC.**



Principal Place of Business      Mailing Address  
**3200 TAMiami TRAIL N., STE 200**      **3200 TAMiami TRAIL N., STE 200**  
**NAPLES, FL 34103 US**      **NAPLES, FL 34103 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01112005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0077350**      Not Applicable

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	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)(f), 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: \_\_\_\_\_      **4/13/05**      **(239) 732-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Joseph Livio Parisi**      **Director**