FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L88996** **(8)**

GULF BAY DEVELOPMENT ADVOCATES, INC.

Principal Place of Business	Mailing Address
C/O MARK WOODWARD 801 LAUREL OAK DR STE 640 NAPLES FL 33963	C/O MARK WOODWARD 801 LAUREL OAK DR. STE. 640 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0207918 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt # etc. 22 | Suite, Apt # etc. 27
City & State 23 | City & State 28
ZIP 24 | Country 25 | ZIP 29 | Country 30

9. Name and Address of Current Registered Agent

WOODWRD, MARK J.
801 LAUREL OAK DRIVE
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 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 the corporation's board of directors. I hereby accept 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	DP	[ ] Change [ ] Addition
NAME	FERRAO, AUBREY J.	
STREET ADDRESS	4001 TAMIAMI TRAIL N., STE.350	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	[ ] Change [ ] Addition
NAME	WOODWARD, MARK J.	
STREET ADDRESS	801 LAUREL OAK DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	[ ] Change [ ] Addition
NAME	Hayes, John	
STREET ADDRESS	4001 Tamiami Trail N, Ste. 350	
CITY-ST-ZIP	Naples, Florida 33940	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Aubrey J. Ferrao 4/25/95 813-434-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031452 CP