

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L88996 (8)  
1. Corporation Name  
GULF BAY DEVELOPMENT ADVOCATES, INC.

Principal Place of Business Mailing Address  
C/O MARK WOODWARD C/O MARK WOODWARD  
801 LAUREL OAK DR., STE. 640 801 LAUREL OAK DR., STE. 640  
NAPLES FL 34108 NAPLES FL 33963  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		07/25/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0207918	
24 Country		30 Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
WOODWARD, MARK J. 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34108				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
81 Name				6. Election Campaign Financing	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> \$5.00 May Be Added to Fees	
83				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
84 City				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code				10. Name and Address of New Registered Agent	
FL					

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	FERRAO, AUBREY J.	1.2 NAME	Anthony DiNardo
STREET ADDRESS	4001 TAMiami TRAIL N., STE.350	1.3 STREET ADDRESS	4001 Tamiami Trail North, Suite 350
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	D	2.1 TITLE	
NAME	WOODWARD, MARK J.	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR	2.3 STREET ADDRESS	801 Laurel Oak Dr., Suite 710
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	HAYES, JOHN	3.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL N., STE. 350	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Anthony DiNardo

4-28-98

941 434 2030

CR2E034 (10/97)