2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2006 8:00 am Secretary of State

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04-14-2006 90139 015 ***158.75 DOCUMENT # L88998 GULF BAY DEVELOPMENT AFFILIATES, INC. 40048612 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0207914 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, MARK J. Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME FERRAO, AUBREY J NAME 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 VPD ☐ Delete TITLE ☐ Change Addition TITLE PARISI, JOSEPH L NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 Addition SD ☐ Delete TITLE ☐ Change TITLE WOODWARD, MARK J NAME NAME 3200 TAMIAMI TRAIL N. #200 STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE TD DINARDO, ANTHONY NAME 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Livio Parisi

Director

4/11/06 Date

(239) 732-9400

Daytime Phone #