

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90174 018 \*\*\*158.75

0503063  
AV

**DOCUMENT # L88998**

1. Entity Name

**GULF BAY DEVELOPMENT AFFILIATES, INC.**



Principal Place of Business

**3200 TAMiami TRAIL N., STE 200  
NAPLES FL 34103  
US**

Mailing Address

**3200 TAMiami TRAIL N., STE 200  
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

4. FEI Number

**65-0207914**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J  
3200 TAMiami TRAIL N., STE 200  
NAPLES FL 34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FERRAO, AUBREY J  
STREET ADDRESS 3470 CLUB CENTER BLVD  
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WOODWARD, MARK J  
STREET ADDRESS 3200 TAMiami TRAIL N., STE 200  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS PARISI, JOSEPH L.  
CITY-ST-ZIP 3470 Club Center Blvd.  
Naples, FL 34114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS WOODWARD, MARK J.  
CITY-ST-ZIP 3200 Tamiami Trail N. #200  
Naples, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS DINARDO, ANTHONY  
CITY-ST-ZIP 3470 Club Center Blvd.  
Naples, FL 34114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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:**

*Anthony Dinardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Anthony Dinardo, as Director

4/28/03 (239) 732-9400

Date

Daytime Phone #

CR2E034 (10/02)