

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M77316

1. Entity Name
GULF BAY MANAGEMENT, INC.



Principal Place of Business
3200 TAMiami TRAIL N.
SUITE 200
NAPLES, FL 34103 US

Mailing Address
3200 TAMiami TRAIL N.
SUITE 200
NAPLES, FL 34103 US

FILED
2008 APR 15 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0060826

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J.
3200 TAMiami TRAIL N.
SUITE 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
NAME FERRAO, AUBREY
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS 900123533499
CITY-ST-ZIP 04/15/08--01023--014 **150.00 ☐ Change ☐ Addition

TITLE DS
NAME WOODWARD, MARK J
STREET ADDRESS 3200 TAMiami TRAIL N., SUITE 200
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE D
NAME
STREET ADDRESS 900123533499
CITY-ST-ZIP 04/15/08--01023--022 **192.50 ☒ Change ☐ Addition

TITLE VP
NAME DINARDO, ANTHONY
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

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

TITLE TD
NAME PARISI, JOSEPH L
STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph L Parisi, as Director

3/27/08 (239) 732-9400

Date

Daytime Phone #

4/16/08