


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90021 036 \*\*\*150.00

<b>DOCUMENT # M98980</b> 1. Entity Name <b>GULF BAY LAND HOLDINGS, INC.</b>					
Principal Place of Business <b>3200 TAMiami TRAIL N. SUITE 200 NAPLES, FL 34103 US</b>			Mailing Address <b>3200 TAMiami TRAIL N. SUITE 200 NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WOODWARD, MARK J. 3200 TAMiami TRAIL N., SUITE 200 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRAO, AUBREY J. 3470 CLUB CENTER DRIVE NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8156 Fiddler's Creek Parkway	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WOODWARD, MARK J. 3200 TAMiami TRAIL N., SUITE 200 NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DINARDO, ANTHONY 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8156 Fiddler's Creek Parkway	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARISI, JOSEPH L 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8156 Fiddler's Creek Parkway	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOSOPHARA, TETSUO 1285 AVE. OF THE AMERICAS, TOMEN AMERICA NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 Third Avenue (16th Fl) c/o Toyota New York, NY 10022	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Joseph Livio Parisi</b>			2/1/07 (239) 732-9400 <small>Date Daytime Phone #</small>		

40053100



01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0072735**  
Applied For  
Not Applicable

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