## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

## Apr 10, 2007 8:00 am Secretary of State 04-10-2007 90021 019 \*\*\*150 00 DOCUMENT # P93000015485 GULF BAY 100, INC. Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL NORTH 3200 TAMIAMI TRAIL NORTH STE 200 STE 200 NAPLES, FL 34103 US NAPLES, FL 34103 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State City & State 4, FEI Number Applied For 65-0395715 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XXX Change ☐ Addition ☐ Delete TITLE TITLE FERRAO, AUBREY J NAME NAME 8156 Fiddler's Creek Parkway 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY+ST-7IP XeX Change Delete Addition VPD TITLE TITLE PARISI, JOSEPH L NAME NAME 8156 Fiddler's Creek Parkway 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY - ST - ZIP ☐ Delete TITLE XIX Change Addition TITLE DINARDO, ANTHONY NAME NAME 8156 Fiddler's Creek Parkway 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Detete TITLE Change Title NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 appears in the true of the removement.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

(239) 732-9400

Dayume Phone #

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