

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Maffari
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043599 (8)

1. Corporation Name

GULF BAY COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Record: **001 LAUREL OAK DR #640 NAPLES FL 33963**
Mailing Address: **001 LAUREL OAK DR #640 NAPLES FL 33963**

3. Date Incorporation or Qualified: **06/21/1993** 3a. Date of Last Report: **04/22/1994**
4. FFI Number: **65-0420112** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

2. Principal Office of Registration: **21** 2b. Mailing Address: **26**
State Apt. # etc.: **22** State Apt. # etc.: **27**
City & State: **23** City & State: **28**
County: **24** County: **25** County: **29** County: **30**

9. Name and Address of Current Registered Agent
-CORPORATION INFORMATION SERVICES, INC.-
-1201 HAYS ST-
-TALLAHASSEE FL 32301-

10. Name and Address of Now Registered Agent
81 Name: **Mark J. Woodward, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **Woodward, Pires, Anderson & Lombardo**
83 **801 Laurel Oak Dr., Suite 640**
84 City: **Naples** FL 85 Zip Code: **33963**

11. Pursuant to the provisions of Sections 607 (842) and 607 (1508), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent, or both) in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607 (401) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADVERTISING CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	D FERRAO, AUBREY J 801 LAUREL OAK DR., #640 NAPLES FL 33963	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12 STREET ADDRESS	
CITY & STATE		13 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15 STREET ADDRESS	
CITY & STATE		16 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18 STREET ADDRESS	
CITY & STATE		19 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21 STREET ADDRESS	
CITY & STATE		22 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24 STREET ADDRESS	
CITY & STATE		25 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and correct and qualify for the exemption stated in the above 1995/96 Florida Statutes. I further certify that the information is true and correct. This annual report is my personal annual report as officer and director and that my signature shall have the same legal effect as if my signature were on the report. I am a resident of the State of Florida and I am qualified to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of Block 13 of change of office appointment with an address.

SIGNATURE: *Mark J. Woodward* **Aubrey J. Ferrao** 4/25/95 813-434-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR