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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

(96/6)

(941)434-2030

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043599 (8)

GULF BAY COMMUNITIES, INC.

information indicated on this annual

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business Mailing Address 801 LAUREL OAK DR. **801 LAUREL OAK DR.** #640 #640 NAPLES FL 23000 34/08 NAPLES FL 34108-2707 3. Date Incorporated or Qualified 3a, Date of Last Report 06/21/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0420112 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 20 Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes 🔲 No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODWARD, MARK J ESQ. WOODWARD, PIRES, ANDERSON & LOMBARDO Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR., STE. 640 NAPLES FL 33962 34/08 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI Signature, typical or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF DELETE 1.1 TITLE Change ☐ Addition FERRAO, AUBREY J NAME 1.2 NAME 801 LAUREL OAK DR., #640 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL-33963 34/05 CHY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CHY-ST-7iP 2.4 CITY-ST-ZIP DELETE 1011 Change 3.1 TITLE Addition N/M 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$1-7IP 3.4. CITY-ST-ZIP DELETE Change THE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- 7IP 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIE 5.4 CITY-ST-ZIP DELETE THE 6.1 TITLE Channe Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information populed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tipn or the reserver or trusted empowered to execute this report as required by Chanter 607. Florida Statutes; and that my name