

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90009 013 ***158.75

DOCUMENT # P93000043599

1. Entity Name
GULF BAY COMMUNITIES, INC.

Principal Place of Business 801 LAUREL OAK DR 710 NAPLES FL 34108 US	Mailing Address 801 LAUREL OAK DR. 710 NAPLES FL 34108 US
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40054438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3200 Tamiami Trail N.	3. Mailing Address 3200 Tamiami Trail N.
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State Naples, FL	City & State Naples, FL
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4. FEI Number 65-0420112	Applied For <input type="checkbox"/> Not Applicable
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Zip 34103	Country	Zip 34103	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J ESQ.
 WOODWARD, PIRES, & LOMBARDO, P.A.
 801 LAUREL OAK DR, 710
 NAPLES FL 34108**

Name
Street Address (P.O. Box Number is Not Acceptable) 3200 Tamiami Trail N., Suite 200
City Naples FL Zip Code 34103

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAO, AUBREY J 3470 CLUB CENTER BLVD NAPLES FL 34114 <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	DS WOODWARD, MARK J 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Tamiami Trail N., Suite 200 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DINARDO, ANTHONY 3470 CLUB CENTER BLVD NAPLES FL 34114 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with authority to be empowered.

SIGNATURE: Aubrey J Ferrao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 941 732 9400
Date Daytime Phone #

CR2E034 (10/00)