## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90139 011 \*\*\*158.75 **DOCUMENT # P93000084791 GULF BAY ENTERTAINMENT, INC.** 400400 Mailing Address Principal Place of Business 3200 TAMIAMI TRL N. 3200 TAMIAMI TRL N. SUITE 200 SUITE 200 NAPLES, FL 34103 US NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01122006 Chg-P Applied For City & State 4. FEI Number City & State 65-0476461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI NORTH SUITE 200 NAPLES, FL 34103 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition Delete TITLE TITLE FERRAO, AUBERY J NAME NAME 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP ☐ Change Addition TITLE VPD Delete TITLE LIVIO PARISI, JOSEPH NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 ■ Addition ☐ Change ☐ Delete TITLE TITLE WOODWARD, MARK J NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME DINARDO, ATHONY NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

Director

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J&seph Livio Parisi

4/11/06

Date

(239) 732-9400

Daytime Phone €

**FILED**