

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000072741**  
 1. Corporation Name

**GULF BAY 200, INC.**

Principal Place of Business: **Suite 640, 801 Laurel Oak Dr., Naples, FL 34108**  
 Mailing Address: **Suite 640, 801 Laurel Oak Dr., Naples, FL 34108**

3. Date Incorporated or Qualified: **09/03/96**  
 3a. Date of Last Report: [Blank]  
 4. FEI Number: **65-0699757**  
 Applied For: [Blank] / Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: [Blank]  
 2a. Mailing Address: [Blank]  
 21. Suite, Apt. #, etc.: [Blank]  
 26. Suite, Apt. #, etc.: [Blank]  
 22. City & State: [Blank]  
 27. City & State: [Blank]  
 23. Zip: [Blank] Country: [Blank]  
 28. Zip: [Blank] Country: [Blank]  
 24. Zip: [Blank] Country: [Blank]  
 25. Zip: [Blank] Country: [Blank]  
 29. Zip: [Blank] Country: [Blank]  
 30. Zip: [Blank] Country: [Blank]

**9. Name and Address of Current Registered Agent**

**Woodward, Mark J.**  
**Suite 640**  
**801 Laurel Oak Drive**  
**Naples, FL 34108**

**10. Name and Address of New Registered Agent**

81. Name: [Blank]  
 82. Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 83. [Blank]  
 84. City: [Blank] **FL** 85. Zip Code: [Blank]

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Blank] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE: [Blank]

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Woodward, Mark J.</b>
STREET ADDRESS	<b>801 Laurel Oak Dr., Ste. 640</b>
CITY-ST-ZIP	<b>Naples, FL 34108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Pires, Anthony P., Jr.</b>
STREET ADDRESS	<b>801 Laurel Oak Dr., Ste. 640</b>
CITY-ST-ZIP	<b>Naples, FL 34108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Ferrao, Aubrey J.</b>
STREET ADDRESS	<b>4001 Tamiami Tr. N., Ste. 350</b>
CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[Blank]
1.3 STREET ADDRESS	[Blank]
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]
2.3 STREET ADDRESS	[Blank]
2.4 CITY-ST-ZIP	[Blank]
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	[Blank]
3.4 CITY-ST-ZIP	[Blank]
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

**900002189239**  
**-05/23/97--01006--016**  
**\*\*\*173.75**

14. I do 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 annual report or supplemental annual 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **Aubrey J. Ferrao** **4/25/97** (941) 434-2030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)