FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49040 (1)

1. Corporation Name
BRIGHTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 102 NAPLES FL 33963	801 LAUREL OAK DRIVE SUITE 102 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0421399 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8231 Bay Colony Drive Suite, Apt. #, etc. 22 #3000 City & State 23 Naples, Florida Zip 24 33963 Country 25 USA	26 8231 Bay Colony Drive Suite, Apt. #, etc. 27 #3000 City & State 28 Naples, Florida Zip 29 33963 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FALBEY, J. WAYNE 801 LAUREL OAK DRIVE SUITE 102 NAPLES FL 33963	81 Name: Stephen Schwartz 82 Street Address (P.O. Box Number is Not Acceptable): 8231 Bay Colony Drive, #1501 83 84 City: Naples FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0505 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: [signature] Asst. Secretary 4/7/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	PAGE, GEORGE A.	1.2 NAME	Dr. Richard Maloney	
STREET ADDRESS	801 LAUREL OAK DR. #102	1.3 STREET ADDRESS	8231 Bay Colony Drive, #402	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	VD	2.1 TITLE	Vice-President D	☒ Change ☐ Addition
NAME	ELWOOD, ROBERT L.	2.2 NAME	Gary Isner	
STREET ADDRESS	801 LAUREL OAK DR. #102	2.3 STREET ADDRESS	8231 Bay Colony Drive, #1004	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	TSD	3.1 TITLE	Assoc. Secretary D	☒ Change ☐ Addition
NAME	FALBEY, J. WAYNE	3.2 NAME	Stephen Schwartz	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 102	3.3 STREET ADDRESS	8231 Bay Colony Drive, #1501	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	DT	4.1 TITLE	Treasurer D	☒ Change ☐ Addition
NAME	WALKER, PAMELA L.	4.2 NAME	Richard Harshman	
STREET ADDRESS	801 LAUREL OAK DR. #102	4.3 STREET ADDRESS	8231 Bay Colony Drive, #803	
CITY-ST-ZIP	NAPLES FL 33963	4.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE		5.1 TITLE	Assist. Secretary D	☐ Change ☒ Addition
NAME		5.2 NAME	Ronald Reck	
STREET ADDRESS		5.3 STREET ADDRESS	8231 Bay Colony Drive, #301	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/28/95 V.P. 592-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017006