

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49040** (1)

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



Principal Place of Business: 8231 BAY COLONY DR #3000 NAPLES FL 33963 US
Mailing Address: 8231 BAY COLONY DR #3000 NAPLES FL 33963 US

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0421399	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
25	Country	30	Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, STEPHEN
8231 BAY COLONY DR
#1501
NAPLES FL 33963

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Stephen Schwartz, Secretary**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-11-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MALONEY, DR. RICHARD 8231 BAY COLONY DR, #402 NAPLES FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	VPD ISNER, GARY 8231 BAY COLONY DR, #1004 NAPLES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	SD SCHWARTZ, STEPHEN 8231 BAY COLONY DR, #1501 NAPLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	TD HARSHMAN, RICHARD 8231 BAY COLONY DR, #803 NAPLES FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	SD RECK, RONALD 8231 BAY COLONY DR, #301 NAPLES FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
			Change <input type="checkbox"/> Addition <input type="checkbox"/>
			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
			Change <input type="checkbox"/> Addition <input type="checkbox"/>

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

(941)592-5700

Daytime Phone #

CR2E037 (12/95)