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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N49040

(1)

BRIGHTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Phintipped Place of Business Sezi BAY COLONY DR	INC.						
#300 MAPLES FL 3983 US #300 MAPLES FL 3983 US #300 APPLES FL 3983 US #300 Apple For Country #300 A	Principal Place	of Business	Mailing Address				IL GIBLI GIBLI MISTI BIBLI BIBLI BIBLI IBBI
US 2. Principal Flace of Business 2. Maining Address 2. Maining Address 2. Principal Flace of Business 2. Principal Flace of Business 2. Suite, Apt. #, etc. 2. Cry & State 2. Country 2. Cry & State 3. Country 2. Cry & State 3. C	#3000		#3000				
20							3a. Date of Last Report 04/21/1995
Suite, Apt. #, etc.		ace of Business				4. FEI Number 65-0421399	
Zp	Suite, Apt.	#, etc.	 			5. Certificate of Status Desired	
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SCHWARTZ, STEPHEN 8231 BAY COLONY DR #1501 NAPLES FL 33963 11. Pursuent to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, pile above for registered agent, or both, in the State of Florida. Such change was authorized by the first of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the first of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the first of directors. I hereby accept the appointment as registered office or registered agent, and the colligations of, Section 617.0503, finded Statutes. Place the colligation	Į Ζiρ	⊢ ¬ ′	⊢ '		************		
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14. I do hereby certify that the information supplied with this ring 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 the angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the composition or the receiver of 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 charged, of on an attendment with an address.	14. I do hereb certify tha oath; that appears in	by cerury triat the information supplied with the information indicated on the angoing among the corporation of the corporation	the this ting is voluntafily furnish if report or supplemental annuation or the receiver of frusteen ation or the receiver of frusteen in an aftichment with an addre	sned and does al report is tru emp ow ered t ass.	s not qualify le and accul to execute t	ror tne exemption stated in Section 119.07 rate and that my signature shall have the sahis report as required by Chapter 617, Flori	(3)(k), Florida Statutes. I further ime legal effect as if made under da Statutes; and that my name

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

(941)592-5700

Daytime Phone #