


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|---|--|
| Principal Place of Business 8231 BAY COLONY DR #3000 NAPLES FL 33963 US | Mailing Address 8231 BAY COLONY DR #3000 NAPLES FL 34108-7796 US |
|---|--|

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|---|--|
| 3. Date Incorporated or Qualified 05/21/1992 | 3a. Date of Last Report 04/18/1996 |
| 4. FEI Number 65-0421399 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE PD | MALONEY, DR. RICHARD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | 8231 BAY COLONY DR, #402 | 1.2 NAME TARDIO, KATHERINE | |
| STREET ADDRESS | NAPLES FL | 1.3 STREET ADDRESS 8231 BAY COLONY DRIVE #1203 | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP NAPLES, FL, 34108 | |
| TITLE D <input type="checkbox"/> DELETE | KEITH PENSION | 2.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 8231 BAY COLONY DRIVE #304 | 2.2 NAME | |
| STREET ADDRESS | NAPLES FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE SD <input type="checkbox"/> DELETE | SCHWARTZ, STEPHEN | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8231 BAY COLONY DR, #1501 | 3.2 NAME | |
| STREET ADDRESS | NAPLES FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE TD <input type="checkbox"/> DELETE | EDWARD HURD | 4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 8231 BAY COLONY DR #1402 | 4.2 NAME | |
| STREET ADDRESS | NAPLES FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE VPD <input checked="" type="checkbox"/> DELETE | RECK, RONALD | 5.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | 8231 BAY COLONY DR, #301 | 5.2 NAME LEDERER, DR. ROBERT | |
| STREET ADDRESS | NAPLES FL | 5.3 STREET ADDRESS 8231 BAY COLONY DRIVE #1802 | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP NAPLES, FL, 34108 | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

CR2E037 (9/96)