

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N49040 (1)**  
1. Corporation Name  
**BRIGHTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>8231 BAY COLONY DR #3000 NAPLES FL 33963 US</b> | Mailing Address<br><b>8231 BAY COLONY DR #3000 NAPLES FL 33963 US</b> |
|---|---|

|   |   |  |
|---|---|--|
| 3. Date Incorporated or Qualified<br><b>05/21/1992</b>  |   |  |
| 4. FEI Number<br><b>65-0421399</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

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

9. Name and Address of Current Registered Agent  
**GREENLESS, BARBARA  
835 E CAUSEWAY #301  
NAPLES FL 33963**

10. Name and Address of New Registered Agent  
81 Name **Ball, Scott**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8231 Bay Colony Drive #604**  
83  
84 City **Naples** 85 Zip Code **FL 34108**

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 *[Signature]* **D. SCOTT BALL** 4-21-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>TARDIO, KATHERINE</b>         |  |
| STREET ADDRESS | <b>8231 BAY COLONY DR #1203</b>  |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |  |
| TITLE          | <b>SD</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MULCHANY, MARIE</b>           |  |
| STREET ADDRESS | <b>835 E CSWY BLVD #109</b>      |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |  |
| TITLE          | <b>SD</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SCHWARTZ, STEPHEN</b>         |  |
| STREET ADDRESS | <b>8231 BAY COLONY DR, #1501</b> |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |  |
| TITLE          | <b>VPD</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WHITE, LAWRENCE</b>           |  |
| STREET ADDRESS | <b>835 E CSWY BLVD #206</b>      |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |  |
| TITLE          | <b>TD</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>LEDERER, DR. ROBERT</b>       |  |
| STREET ADDRESS | <b>8231 BAY COLONY DR #1802</b>  |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |  |
| TITLE          |                                  | <input type="checkbox"/> DELETE            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | <b>TD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                    |  |
| 1.3 STREET ADDRESS |                                    |  |
| 1.4 CITY-ST-ZIP    |                                    |  |
| 2.1 TITLE          | <b>PD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Hurd, Edward</b>                |  |
| 2.3 STREET ADDRESS | <b>8231 Bay Colony Drive #1402</b> |  |
| 2.4 CITY-ST-ZIP    | <b>Naples, FL 34108</b>            |  |
| 3.1 TITLE          | <b>VPD</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Pension, Keith</b>              |  |
| 3.3 STREET ADDRESS | <b>8231 Bay Colony Drive #304</b>  |  |
| 3.4 CITY-ST-ZIP    | <b>Naples, FL 34108</b>            |  |
| 4.1 TITLE          | <b>SD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Ball, Scott</b>                 |  |
| 4.3 STREET ADDRESS | <b>8231 Bay Colony Drive #604</b>  |  |
| 4.4 CITY-ST-ZIP    | <b>Naples, FL 34108</b>            |  |
| 5.1 TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Waldron, Hicks</b>              |  |
| 5.3 STREET ADDRESS | <b>8231 Bay Colony Drive #1904</b> |  |
| 5.4 CITY-ST-ZIP    | <b>Naples, FL 34108</b>            |  |
| 6.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                    |  |
| 6.3 STREET ADDRESS |                                    |  |
| 6.4 CITY-ST-ZIP    |                                    |  |

14. I 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 its 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 or on an attachment with an address.

SIGNATURE: *[Signature]* 4-21-98 941-592-5700

CR2E037 (10/97)