


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90150 025 \*\*\*\*61.25

<b>DOCUMENT # N49040</b>			
<b>1. Entity Name</b> BRIGHTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 8231 BAY COLONY DR #3000 NAPLES FL 33963 US		<b>Mailing Address</b> 8231 BAY COLONY DR #3000 NAPLES FL 34108 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 65-0421399		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
TARDO, KATHERINE 8231 BAY COLONY DR 2002 NAPLES, FL 34108		Name: Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable): 3003 Tamiami Trail N., Suite 210 City: Naples FL Zip Code: 34103	
<b>8. The above named entity submits this Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>			
SIGNATURE: X E. Austin White, For the Firm		DATE: 5/6/03	
FILE NOW: FEE IS \$61.25		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: P NAME: TARDO, KATHERINE STREET ADDRESS: 8231 BAY COLONY DR #1203 CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Robert B. McDonald STREET ADDRESS: 8231 Bay Colony Dr. CITY-ST-ZIP: Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HOLMES, BURTT G STREET ADDRESS: 8231 BAY COLONY DR #604 CITY-ST-ZIP: NAPLES FL 34108	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: Katherine Tardo STREET ADDRESS: 8231 Bay Colony Dr. CITY-ST-ZIP: Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BALL, SCOTT STREET ADDRESS: 8231 BAY COLONY DR #604 CITY-ST-ZIP: NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Scott Ball STREET ADDRESS: 8231 Bay Colony Dr. CITY-ST-ZIP: Naples, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WAY, PAUL STREET ADDRESS: 8231 BAY COLONY DR. #2002 CITY-ST-ZIP: NAPLES FL 34108	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: B. Burtt Holmes STREET ADDRESS: 8231 Bay Colony Dr. CITY-ST-ZIP: Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WAY, PAUL STREET ADDRESS: 8231 BAY COLONY DR #2002 CITY-ST-ZIP: NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE: Director NAME: Eckhard Kaemmer STREET ADDRESS: 8231 Bay Colony Dr. CITY-ST-ZIP: Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE: X SIGNATURE REQUIRED		Date: _____ Daytime Phone #: _____	

CR2E037 (10/02)