FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 23 PM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001168 (4)**

1. Corporation Name

THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DR. SUITE 102 NAPLES FL 33963	801 LAUREL OAK DR. SUITE 102 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1993
3a. Date of Last Report: 03/09/1994

4. FEI Number: ~~APPLIED FOR~~ 65-0425716 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FALBEY, J. WAYNE
801 LAUREL OAK DR.
SUITE 102
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: T. D. Kirkpatrick
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83: Suite 500
84 City: Naples FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: T. D. Kirkpatrick — 3/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, GEORGE R	1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ELWOOD, ROBERT L	2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, PAMELA L	3.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	FALBEY, J. WAYNE	4.2 NAME	Kirkpatrick, T.D.	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: T. D. Kirkpatrick — 3/22/95 (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

T. D. Kirkpatrick, Secretary

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