NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N93000001168 (4) DOCUMENT #
1. Corporation Name

THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business 801 LAUREL OAK DR. **SUITE 102**

Mailing Address

801 LAUREL OAK DR. SUITE 102



NAPLES FL 3	3963	NAPLES FL 33963		 Date Incorporated or Qualified 03/17/1993 	3a. Date of Last Report 04/28/1995	
2. Principal Pla	ne of Business	2a. Mailing Address		4. FEI Number	Applied For	
	BAY COUNTER	26 8990 BAY 0	DIMILY DE	65-0425716	Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional	
22		27			— Fee Hequired	
City & State	ES FLORIDA	City & State 28 NAPLES	= LORDA	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24 3396	Country 3 25 USA	zip / 33963 30	Country USA,	8. This corporation has liability for int Florida Statutes	angible tax under s. 199.032, Yes ☐ No	
9. Name and Address of Current Registered Agent			1 00. 1	10. Name and Address of New Registered Agent		
81 Name						
KIRKPATRICK, T D 82 S				Swalm & Murrell, P.A. t Address (P.O. Box Number is Not Acceptable)		
			82 Street Address (P.O. Box Number is Not Acceptable) 2375 Tamiami Trail N., Suite 308			
00					. SHILE JOD	
SOITE 500						
	FL 33963		84 City		85 Zip Code	
44 Durayantt	the produces of Sections 617.0509	and 617 1508 Florida Statutes th	ne above-named cor	Naples	ose of changing its registered office	
Naples 33940 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 changing the 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 wheel or printed name of registered agent a	4 President	egistered Agent signature re	o und whos reinctation)	4/18/96	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 T(T) E	TOFSIDENT	Change Addition	
NAME	PAGE, GEORGE R	_	1.2 NAME	MODROT T BLESSING	,	
STREET ADDRESS	801 LAUREL OAK DR., SUITE	102	1.3 STREET ADDRESS	8990 BAY COLONY DR # 11	tol	
CITY-ST-ZIP	NAPLES FL 33963	102	1.4 CITY-ST-ZIP	NAPLES 1=1. 33963		
TITLE	VD	X DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change	
NAME	ELWOOD, ROBERT L		22 NAME .	ANTHONY VALLACE	, .	
STREET ADDRESS	801 LAUREL OAK DR., SUITE	102	23 STREET ADDRESS	8990 BAY COLONY DR# 8	Ю	
CITY-ST-ZIP	NAPLES FL 33963		2.4 CITY-ST-ZIP	NAPLES F1. 33963		
TITLE	TD	DELETE	3.1 TITLE	TRESURER	☐ Change	
NAME	WALKER, PAMELA L		3.2 NAME	SHARON HICARTHY #1	1005	
STREET ADDRESS	801 LAUREL OAK DR., SUITE	102	3.3 STREET ADDRESS	8990 BAY COLONY DR		
CITY-ST-ZIP	NAPLES FL 33963	_	3.4. CITY - \$T - ZIP	NAPLES FI 33963		
TITLE	\$	DELETE	4.1 TITLE	SECOCORY	Change 🙀 Addition	
NAME	KIRKPATRICK, T D		4. 2 NAME	KENNETH STARK # 70	3	
STREET ADDRESS	801 LAUREL OAK DR., SUITE	102		8990 BAY COLONYDR		
CITY-\$T-ZIP	NAPLES FL		4.4 CHTY-ST-ZIP	NAPLES EL 33963		
TITLE		DELETE	5 1 TITLE	MEMBER	☐ Change 🔁 Addition	
NAME			5.2 NAME	STANLEY STAR	u 5701	
STREET ADDRESS			5.3 STREET ADDRESS	8990 BAY WWW De	4	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	NAPLES, FI 33963		
TITLE		DELETE	6.1 TITLE	•	Change Addition	
NAME			6.2 NAME	~~~~~	19642 > 1/22	
STREFT ADDRESS			6.3 STREET ADDRESS	20000178 -04/23/960100	13642 4.4°	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	-04/23/960100)301 (

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemplate and process of the correction of the correction of the corporation 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 cath; 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 an an attachment with an address.

SIGNATURE:

NS. BLESSING 4/9/96

CR2E037 (12/95)