

DOCUMENT # N93000001168			
1. Entity Name THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8990 BAY COLONY DR. NAPLES, FL 34108		Mailing Address 8990 BAY COLONY DR. NAPLES, FL 34108	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BECKER & POLIAKOFF P.A. C/O JOS E. ADAMS BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103-0000			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORBERT, BLESSING 8990 BAY COLONY DRIVE #1401 NAPLES, FL 34108 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBER, JOHN 8990 BAY COLONY DRIVE #702 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JO 8990 BAY COLONY DRIVE #701 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENDELSON, PETER 8990 BAY COLONY DRIVE #803 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCANLON, TIMOTHY 8990 BAY COLONY DRIVE #1101 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in the instructions to this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, F.S., if changed, or on an attachment to an address, with all other like empowered.			
SIGNATURE:  PETER MENDELSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			