2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT # N93000001168

1. Entity Name

Principal Place of Business



FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90008 042 ****61.25

| THE MARQUESA AT BAY COLONY ASSOCIATION, INC. | COND | OMINI | J۱ |
|--|------|-------|----|
| | | | |



8990 BAY COLONY DR. 8990 BAY COLONY DR. NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 74-2844327 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF P.A. C/O JOS E. ADAMS Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA CENTER ---4501 TAMIAMI TRAIL N., SUITE 214 NAPLES, FL 34103-0000 City Zip Code FL 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. SIGNATURE Skinstrure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TITLE PD TITLE Change Addition NORBERT, BLESSING NAME NAME STREET ADORESS 8990 BAY COLONY DRIVE #1401 STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Change ☐ Addition TITLE □ Delete BARBER, JOHN NAME NAME 8990 BAY COLONY DRIVE #702 STREET ADDRESS STREET ADDRESS CTTY-ST-7/P NAPLES, FL 34108 CITY-ST-ZIP Change VICE PRESIDENT DIRECTOR ☐ Defete TITLE TITLE GALLAGHER, JO NAME NAME 8990 BAY COLONY DRIVE #701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL: 34108 TITLE VPD_____ __ Detete -PRESIDENT DIRECTOR. **Change** ☐ Addition MENDELSON, PETER NAME NAME 8990 BAY COLONY DRIVE #803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 TITLE ☐ Change ☐ Addition ☐ Delete TITLE SCANLON, TIMOTHY NAME NAME 8990 BAY COLONY DRIVE #1101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 DIRECTOR TITLE ☐ Delete ☐ Change Addition anderson, Dawn NAME NAME 8990 BAY COLONY DRIVE #1402 STREET ADORESS STREET ADDRESS a. 001 CITY-ST-ZIP

NAPLES, FL 34108 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 of the property and the statutes of the corporation of the receiver of trustee empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 594 9000