

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001614 (6)

1. Corporation Name

THE REMINGTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8665 BAY COLONY DR  
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DR  
SUITE 200  
NAPLES FL 33963  
US



3. Date incorporated or Qualified  
03/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0485627

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

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

23 Zip Country

28 Zip Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKPATRICK, T D  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS PAGE, GEORGE R  
CITY-ST-ZIP 801 LAUREL OAK DR SUITE 102  
NAPLES FL 33963

TITLE ☒ DELETE  
NAME DT  
STREET ADDRESS WALKER, PAMELA L  
CITY-ST-ZIP 801 LAUREL OAK DR SUITE 102  
NAPLES FL 33963

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS ELWOOD, ROBERT L  
CITY-ST-ZIP 801 LAUREL OAK DR SUITE 102  
NAPLES FL 33963

TITLE ☒ DELETE  
NAME S  
STREET ADDRESS KIRKPATRICK, T D  
CITY-ST-ZIP 801 LAUREL OAK DRIVE, STE 500  
NAPLES FL 33963

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D/T  
2.2 NAME C. A. Rivera  
2.3 STREET ADDRESS 801 Laurel Oak Drive, Suite 500  
2.4 CITY-ST-ZIP Naples, FL 33963

3.1 TITLE D/V/S  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE 600001780936  
5.2 NAME -04/15/96--01119--020  
5.3 STREET ADDRESS \*\*\*61.25  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

Robert L. Elwood  
Robert L. Elwood, Vice President/Secretary

3/28/96 (941) 597-6061

Date

Daytime Phone

CR2E037 (12/95)