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FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

8665 BAY COLONY DR  
NAPLES FL 33963X 801 LAUREL OAK DR  
X SUITE 500  
X NAPLES FL 33963  
US3. Date Incorporated or Qualified  
03/28/19943a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 same

26 8665 Bay Colony Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Naples, FL

24 Zip

Country

29 34108

Country

30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Swalm &amp; Murrell, P.A.

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

2375 Tamiami Trail N., Suite 308

83 City

Naples

84 FL

85 Zip Code

34103

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.

President

5/8/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	PAGE, GEORGE R	801 LAUREL OAK DR SUITE 102	NAPLES FL 33963	<input checked="" type="checkbox"/>
D/T	RIVERA, C A	801 LAUREL OAK DRIVE, SUITE 500	NPLWA FL 33963	<input checked="" type="checkbox"/>
DVS	ELWOOD, ROBERT L	801 LAUREL OAK DR SUITE 102	NAPLES FL 33963	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	Philip McCabe	8665 Bay Colony Drive #404	Naples, FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
DT	Chuck Barry	8665 Bay Colony Drive #803	Naples, FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
DS	Howard Specter	8665 Bay Colony Drive #1003	Naples, FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
D	Nicola Antakli	8665 Bay Colony Drive #1903	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
D	Martha Moore	8665 Bay Colony Drive # 1403	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do 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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Philip McCabe 5.8.97

Date

Daytime Phone # 0069699

CR2E037 (9/96)