


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26556 (3)
1. Corporation Name
BAY COLONY COMMUNITY ASSOCIATION, INC.

Principal Place of Business 8700 BAY COLONY DRIVE NAPLES FL 33963 US	Mailing Address 8700 BAY COLONY DRIVE NAPLES FL 33963 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/23/1988	4. FEI Number 25-1622731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**TODD, KAREN S.
C/O COLONY COMMUNITY ASSOCIATION, INC.
8700 BAY COLONY DR.
NAPLES FL 33963**

10. Name and Address of New Registered Agent 81 Name Todd, Karen S. 82 Street Address (P.O. Box Number is Not Acceptable) C/O Bay Colony Community Association, Inc. 83 8700 Bay Colony DR. 84 City Naples 85 Zip Code FL 34108
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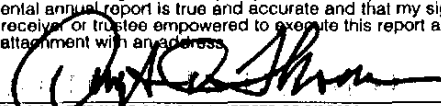
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PO	PAGE, GEORGE
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102
CITY - ST - ZIP	NAPLES FL 33963
TITLE	NAME
V	THOMAS, DWIGHT
STREET ADDRESS	801 LAUREL OAK DR.
CITY - ST - ZIP	NAPLES FL 33963
TITLE	NAME
T	HIMROD, MELANIE
STREET ADDRESS	801 LAUREL OAK DR.
CITY - ST - ZIP	NAPLES FL
TITLE	NAME
S	HANLON, CHRIS
STREET ADDRESS	801 LAUREL OAK DRIVE
CITY - ST - ZIP	NAPLES FL 33963
TITLE	NAME
D	DALY, MICHAEL
STREET ADDRESS	801 LAUREL OAK DR.
CITY - ST - ZIP	NAPLES FL
TITLE	NAME
D	NAEGELE JR., ROBERT
STREET ADDRESS	7993 VIA VECCHIA
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	24301 Walden Center Drive
1.4 CITY - ST - ZIP	Bonita Springs, FL 34134
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	24301 Walden Center DR.
2.4 CITY - ST - ZIP	Bonita Springs, FL 34134
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	24301 Walden Center Drive
3.4 CITY - ST - ZIP	Bonita Springs, FL 34134
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	24301 Walden Center Dr.
4.4 CITY - ST - ZIP	Bonita Springs, FL 34134
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	Drummond, Paul
5.4 CITY - ST - ZIP	24301 Walden Center Dr.
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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: 

4/16/98

CR2E037 (10/97)