

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90115 004 \*\*\*\*61.25

**DOCUMENT # N94000001614**

1. Corporation Name

**THE REMINGTON AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

8665 BAY COLONY DR  
NAPLES FL 33963

Mailing Address

8665 BAY COLONY DR  
NAPLES FL 34108  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

65-0485627

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

C/O ADAMS, JOSEPH E  
BECKER & POLIAKOFF, P.A.  
3003 TAMiami TRAIL N, STE 210  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **Steven Falk, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**850 Park Shore Drive, 3rd Floor**  
83  
84 City **Naples** 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **MCCABE, PHILLIP**  
CITY-ST-ZIP **8665 BAY COLONY DR #404**  
**NAPLES FL**

TITLE ☒ DELETE

NAME **D/T**  
STREET ADDRESS **BARRY, CHUCK**  
CITY-ST-ZIP **8665 BAY COLONY DR #803**  
**NAPLES FL**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **SPECTOR, HOWARD**  
CITY-ST-ZIP **8665 BAY COLONY DR #1003**  
**NAPLES FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ANTAKLI, NICOLA**  
CITY-ST-ZIP **8665 BAY COLONY DR #1903**  
**NAPLES FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **MOORE, MARTHA**  
CITY-ST-ZIP **8665 BAY COLONY DR #1403**  
**NAPLES FL**

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 ☒ Change ☐ Addition

2.2 NAME **J. Hilary Rockett**  
2.3 STREET ADDRESS **8665 Bay Colony Drive #204**  
2.4 CITY-ST-ZIP **Naples, FL 34108**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D**  
3.3 STREET ADDRESS **Howard Spector**  
3.4 CITY-ST-ZIP **8665 Bay Colony Drive #1003**  
**Naples, FL 34108**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D/Sec**  
5.3 STREET ADDRESS **Don Gunther**  
5.4 CITY-ST-ZIP **8665 Bay Colony Drive #2204**  
**Naples, FL 34108**

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.30.99** (941)592-5300

Date

Daytime Phone #

CR2E037 (11/98)