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Mar 13, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003082

1. Corporation Name

BAY COLONY - GATEWAY, INC.

												
Principal Place	e of Business	Mailing Address				_	1 (84)(88 (7)4 (8)	4 MITTLE BRAI	66(1) 85m 68(1)	19:01 H		•••
24301 WALDEN CETNER DRIVE SUITE 300 BONITA SPRINGS FL 34134		24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134						RITE IN THIS	SPACE	··········		
US		US				3	3. Date Incorporated 06/20/1995	or Qualife	ed			
2. Principal Pl	ace of Business	2a. Mailing Address				4	4. FEI Number		–		Applied For	$\overline{}$
21		26					36-4025714				Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status	Desired			5 Additiona Required	d
City & State	9	City & State				6	5. Election Campaign	Financin	^{ig} □		0 May Be	
23		28					Trust Fund Contrib	ution		Adde	d to Fees	
Zip	Country	Zip	Cour	ıtгу		8	This corporation owner.		urrent year In			
24	25	29	30				Personal Property		<u> </u>	Yes	□No	
	9. Name and Address of Current	t Registered Agent		04	N	10	0. Name and Addres	s of Nev	v Registered	Agent		
1140	TINICO ANACH			81	Name							
HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE				82	Street A	Address (dress (P.O. Box Number is Not Acceptable)					
	,		<u> </u>			_						
	E 300		ļ	83								
BUN	ITA SPRINGS FL 34134		İ	84	City		···			85 Z	ip Code	
				_}					FL		:	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was a	tes, the ab authorized	ove- bv ti	-named c he corpor	corporation's l	on submits this stater board of directors. I h	nent for t ereby ac	ne purpose o cept the appo	r cnanging intment as	registered	eu
agent. I a	m familiar with, and accept the obligat	ions of, Section 607,0505, Flo	orida Statu	tes				,	,			
SIGNATURE									0475			
	Signature, typed or printed name of registered agen		E Registered	Agent:	signature rec	equired wher	ADDITIONS/CHANG	SES TO	DATE DEELCERS A	ND DIREC	TORS IN 1	2
12.	OFFICERS AN	D DIRECTORS DELETE	13.		-	D	ADDITIONS/CITAIN	323 10	OI I IOLINO A	Chan		
TITLE	D Sugarman, J	,		1.2 NAME		-	thy J. Hoep	nnar			, , , , ,	
NAME	24301 WALDEN CENTER DRIVE	<u>-</u>	1.3 STREET ADDRES						Drive			
STREET ADDRESS		-					24301 Walden Center Drive Bonita Springs, FL 34134					
CITY-ST-ZIP	BONITA SPRINGS FL 34134 CEO	□ DELETE	2.1 TITLE			D/CE				Chan	ge 🔲 Ado	dition
	HOFFMAN, A		2.2 NAME		1		man, A.			_	-	
NAME.	ALAAA MAA BEN OCHTED DOM	:		-			24301 Walden Center Drive					
STREET ADDRESS	BONITAL SPRINGS FL 34134		2. 4 CI				ta Springs,					
CITY-ST-ZIP TITLE	DCVP	DELETE	3.1 TITI		- 2.11	Done	<u>ca</u> bpringe,		, 12 <u>0-</u> ,	☐ Chan	ge 🗌 Ad	dition
NAME	ACKERMAN, D.E.	<u> </u>	3.2 NAI									
STREET ADDRESS	24301 WALDEN CENTER DRIVE	5	•		ADDRESS							
CITY-ST-ZIP	BONITAL SPRINGS FL 34134	-	3.4. CIT		-							
TITLE	D ELETE		_	4.1 TITLE						Chan	ge 🔲 Ad	ldition
NAME	LANDRY, L			4. 2 NAME								
STREET ADDRESS			4.3 STF	REET	ADDRESS						,	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		4.4 CIT	4.4 CITY-ST-ZIP								
TITLE	D DELETE			5.1 TITLE						☐ Chan	ge 🗀 Ad	dition
NAME	PETERS, H		5.2 NA	ME			•		,			
STREET ADDRESS	24301 WALDEN CENTER DRIVE		5.3 STF	REET	ADDRESS							
CITY-ST-ZIP	BONITA SPRINGS FL 33143		5.4 CIT	Y- \$T-	ZIP ·							
TITLE	D	⊠ 0ELETE	6.1 TIT	.E						Chan	ge □Ad	dition
NAME	MORF, CLAUDIA		6.2 NA	ME								
	24301 WALDEN CENTER DRIV	_	63.57	REFT	ADDRESS							

BONITA SPRINGS FL 34134 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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FICER OR DIRECTOR

1/18/99 Date

(941) 947-2600

Daytime Phone #