2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000002190

Entity Name: TRIESTE AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8787 BAY COLONY DRIVE
4000
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8787 BAY COLONY DRIVE
4000
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3654388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICELOTTA, JOHN J
8787 BAY COLONY DRIVE
3000
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARDEN, ROBERT
Address: 8787 BAY COLONY DRIVE UNIT 1504
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: DANFORTH, DOUGLAS
Address: 8787 BAY COLONY DRIVE UNIT 1002
City-St-Zip: NAPLES, FL 34108

Title: DS ( ) Delete
Name: PEZZUTI, FRANK
Address: 8787 BAY COLONY DRIVE UNIT 1502
City-St-Zip: NAPLES, FL 34108

Title: DT ( ) Delete
Name: SMITH, E.L.
Address: 8787 BAY COLONY DRIVE UNIT 101
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: HEEND, RICHARD
Address: 8787 BAY COLONY DRIVE UNIT 302
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: REDLINGER, DONALD
Address: 8787 BAY COLONY DRIVE UNIT 1202
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. L. SMITH DT 04/23/2009

Electronic Signature of Signing Officer or Director — Date