

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR 13 PM 3:03

DOCUMENT # **N26556** (3)

1. Corporation Name

**BAY COLONY COMMUNITY ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O J. WAYNE FALBEY 801 LAUREL OAK DR., SUITE 102 NAPLES FL 33963 US		C/O J. WAYNE FALBEY 801 LAUREL OAK DR., SUITE 102 NAPLES FL 33963 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/23/1988	03/08/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Suite #500	27 Suite #500	25-1622731	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	27	<input type="checkbox"/>
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		29	<input type="checkbox"/>
		30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

FALBEY, J. WAYNE  
801 LAUREL OAK DRIVE  
STE 102  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name Thad D. Kirkpatrick  
82 Street Address (P.O. Box Number is Not Acceptable) 801 Laurel Oak Drive  
83 Suite #500  
84 City Naples, FL 85 Zip Code 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE: *Thad D. Kirkpatrick* DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, TERRY P	1.2 NAME	Page, George R.
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	DC	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTE, BYRON R.	2.2 NAME	Robert L. Elwood
STREET ADDRESS	801 LAUREL OAK DR., STE 500	2.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 102
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	Naples, Florida 33963
TITLE	DT	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT W.	3.2 NAME	Pamela L. Walker
STREET ADDRESS	801 LAUREL OAK DR #505	3.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 102
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	Naples, FL 33963
TITLE	S	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALBEY, J. WAYNE	4.2 NAME	Thad D. Kirkpatrick
STREET ADDRESS	801 LAUREL OAK DRIVE, STE 102	4.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 500
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	Naples, Florida 33963
TITLE	V	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWOOD, ROBERT L.	5.2 NAME	Christophen J. Hanlon
STREET ADDRESS	801 LAUREL OAK DR #102	5.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 102
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	Naples, Florida 33963
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PAMELA L.	6.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, STE 102	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Thad D. Kirkpatrick* DATE: 4/10/95 (813) 597-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
THAD D. KIRKPATRICK, SECRETARY