

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26556 (3)**

1. Corporation Name

BAY COLONY COMMUNITY ASSOCIATION, INC.



800001838298
-05/24/96--01031--037

Principal Place of Business: C/O THAD D. KIRKPATRICK, 801 LAUREL OAK DRIVE STE 500, NAPLES FL 33963, US

Mailing Address: C/O THAD D. KIRKPATRICK, 801 LAUREL OAK DRIVE STE 500, NAPLES FL 33963, US

3. Date of Incorporation or Qualified: **05/23/1988**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business: **21 8700 Bay Colony Drive**

2a. Mailing Address: **26 same as #2.**

4. FEI Number: **25-1622731**

Applied For: Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State: **Naples, FL**

28. City & State

24. Zip: **33963**

25. Country: **Collier**

29. Zip

30. Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

FALBEY, J. WAYNE
801 LAUDEL OAK DRIVE
SUITE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: **Karen S. Todd**

82 Street Address (P.O. Box Number is Not Acceptable): **Bay Colony Community Association, Inc.**

83 **8700 Bay Colony Drive**

84 City: **Naples**

85 Zip Code: **FL 33963**

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: *Karen S. Todd* **Karen S. Todd, General Manager, Bay Colony Community Association** 5/1/96

(NOTE: Registered Agent signature required with this filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, GEORGE	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELWOOD, ROBERT	2.2 NAME	Vice-President
STREET ADDRESS	801 LAUREL OAK DR., STE 500	2.3 STREET ADDRESS	Dwight Thomas
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	801 Laurel Oak Drive
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer
NAME	WALKER, PAMELA L	3.2 NAME	Alice Carlson
STREET ADDRESS	801 LAUREL OAK DR #505	3.3 STREET ADDRESS	801 Laurel Oak Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary
NAME	KIRKPATRICK, THAD	4.2 NAME	Chris Hanlon
STREET ADDRESS	801 LAUREL OAK DRIVE, STE 102	4.3 STREET ADDRESS	801 Laurel Oak Drive
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director
NAME	HANLON, CHRITHOPPHEN J	5.2 NAME	Tim Byal
STREET ADDRESS	801 LAUREL OAK DR #102	5.3 STREET ADDRESS	801 Laurel Oak Drive
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director
NAME	DUNN, WARREN H	6.2 NAME	Daniel Grady
STREET ADDRESS	8185 VIA VECCHIA	6.3 STREET ADDRESS	8171 Bay Colony Drive, #502
CITY-ST-ZIP	NAPLES FL 33963	6.4 CITY-ST-ZIP	Naples, FL 33963

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 on an attachment with an address.

SIGNATURE: *[Signature]* 5/16/96

SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E037 (12/95)