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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26556 (3)  
1. Corporation Name  
BAY COLONY COMMUNITY ASSOCIATION, INC.

Principal Place of Business: 8700 BAY COLONY DRIVE, NAPLES FL 33963, US  
Mailing Address: 8700 BAY COLONY DRIVE, NAPLES FL 34108-7757, US



2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip 34108, Country

3. Date Incorporated or Qualified: 05/23/1988  
3a. Date of Last Report: 05/23/1996  
4. FEI Number: 25-1622731  
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  
TODD, KAREN S.  
C/O COLONY COMMUNITY ASSOCIATION, INC.  
8700 BAY COLONY DR.  
NAPLES FL 33963

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PAGE, GEORGE 801 LAUREL OAK DR., SUITE 102 NAPLES FL 33963	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V THOMAS, DWIGHT 801 LAUREL OAK DR. NAPLES FL 33963	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T CARLSON, ALICE 801 LAUREL OAK DR. NAPLES FL 33963	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S HANLON, CHRIS 801 LAUREL OAK DRIVE NAPLES FL 33963	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BYAL, TIM 801 LAUREL OAK DR. NAPLES FL 33963	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GRADY, DANIEL 8171 BAY COLONY DR., #502 NAPLES FL 33963	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
TITLE		7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7.2 NAME	
STREET ADDRESS		7.3 STREET ADDRESS	
CITY-ST-ZIP		7.4 CITY-ST-ZIP	
TITLE		8.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8.2 NAME	
STREET ADDRESS		8.3 STREET ADDRESS	
CITY-ST-ZIP		8.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/24/97 (941) 597-6061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0059612

CR2E037 (9/96)