

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33963 US
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3. Date Incorporated or Qualified
05/23/1988

4. FEI Number
25-1622731

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 Todd, Karen S.
82. Street Address (P.O. Box Number is Not Acceptable) C/O Bay Colony Community Association, Inc.
83. 8700 Bay Colony DR.
84. City Naples
85. Zip Code FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	PAGE, GEORGE	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 102	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DWIGHT	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR.	2.3 STREET ADDRESS	24301 Walden Center DR.
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMROD, MELANIE	3.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR.	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, CHRIS	4.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE	4.3 STREET ADDRESS	24301 Walden Center Dr.
CITY-ST-ZIP	NAPLES FL 33963	4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, MICHAEL	5.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR.	5.3 STREET ADDRESS	Drummond, Paul
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	24301 Walden Center Dr.
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAEGELE JR., ROBERT	6.2 NAME	
STREET ADDRESS	7993 VIA VECCHIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

6.4 CITY-ST-ZIP	
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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 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: 

4/16/98

CR2E037 (10/97)