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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26556

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/23/1988	4. FEI Number 25-1622731 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent TODD, KAREN S C/O BAY COLONY COMMUNITY ASSOCIATION INC 8700 BAY COLONY DR NAPLES FL 34108	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, GEORGE 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, DWIGHT 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIMROD, MELANIE 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANLON, CHRIS 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, PAUL 24301 WALDEN CENTER DR BONIT ASPRINGS FL 34134 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAEGELE JR., ROBERT 7993 VIA VECCHIA NAPLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Melanie Himrod **RECEIVED** 6/23/99 941-498-8252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

Board of Governors

George Page
President

Dwight Thomas
Vice President

Chris Hanlon
Secretary

Melanie Himrod
Treasurer

Paul Drummond
Director

M. L. Lowenkron
Director
Bay Colony Shores

Bob Naegele
Director
Vizcaya

Neighborhood Representatives

Edward Boothman
Bay Colony Shores

Karen Bayer
The Strand

Dick McKenzie
Villa La Palma

Jon Christiansen
Vizcaya

Condominium Representatives

Hicks Waldron
Brighton

Nancy Tarika
Contessa

Frank Pezzuti
Mansion La Palma

Walter Spengler
The Biltmore

David W. Smith
The Carlyle

Tony Wallace
The Marquesa

Philip McCabe
The Remington

Francis Jeffries
The Windsor

Additional Director to be added:

TITLE: D
NAME: Lowenkron, M. Lou
ADDRESS: 7223 Tory Lane
CITY/ST/ZIP: Naples, FL 34108

580903-90006-31
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