2003 NOT-FOR-PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N26556** 1. Entity Name 04-14-2003 90911 023 ****61.25 BAY COLONY COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 10040310 8700 BAY COLONY DRIVE 8700 BAY COLONY DRIVE NAPLES FL 33963 NAPLES FL 33963 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0259394 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TODD. KAREN S Street Address (P.O. Box Number is Not Acceptable) C/O BAY COLONY COMMUNITY ASSOCIATION INC 8700 BAY COLONY DR NAPLES FL 34108 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. VD: ☐ Addition Change TITLE X Delete TITLE PAGE, GEORGE NAME NAME Gunther, Don 24301 WALDEN CENTER DR STREET ADDRESS STREET ADDRESS 8665 Bay Colony Drive CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Naples, FL 34108 TITLE Delete TITLE Change Addition THOMAS, DWIGHT NAME NAME Way, Paul 24301 WALDEN CNTR DR STREET ADDRESS STREET ADDRESS 8231 Bay Colony Drive CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Naples, FL 34108 TITLE K Change ☐ Addition Delete TITLE TIEBOUT, MARCIENNE NAME Deets, King 8169 Via Vecchia NAME STREET ADDRESS 24301 WALDEN CNTR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BONITA SPRINGS FL 34134** Naples, FL 34108 **X** Change ☐ Addition Delete TITLE TITLE HANLON, CHRIS NAME Hanlon, Chris NAME STREET ADDRESS 24301 WALDEN CNTR DR STREET ADDRESS 24301 Walden Center Drive CITY-ST-ZIP CITY-ST-7IP **BONITA SPRINGS FL 34134** Bonita Springs, FL 34134 ☐ Change Addition TITLE Delete TITLE DRUMMOND, PAUL NAME NAME **Levitt, AnnLee** STREET ADDRESS STREET ADDRESS 24301 WALDEN CNTER DR 331 Colony Drive CITY-ST-ZIP CITY-ST-ZIP BONIT ASPRINGS FL 34134 Naples, FL 34108

FL 34108 Naples. 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an adoress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE

NAEGELE JR., ROBERT

7993 VIA VECCHIA

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

4/10/03

Naegele Jr. Robert

7993 Via Vecchia

Change

☐ Addition

FILED

Affachment 70040578

Daytime Phone #

NOT-FOR-PROFIT CORPORATION

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| U | NIFORM BUSINESS | S REPORT (I | JBR) | | | • | | |
|---|---|---|---|---------------------------------------|------------------------------------|----------------------------|--|--|
| 1. Entity Nan | MENT # (N26554) Colony Community |) ASSN.INC | | | | | | |
| | DO NOT WRITE IN | N THIS SPA | CE | es. | | | | |
| 2. Principal F | Place of Business 3. | Mailing Address | <u> </u> | | , | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #; etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Sta | te | City & State | | 4 FEI Number | 5259394 | Applied For Not Applicable | | |
| Zip | Country | Zip (| Country | 5. Certificate of Sta | 8.75 Additional | | | |
| | DO NOT WRI | TE | ^d Name | 7. Name and Addre | ss of Current Registered A | Zip Code | | |
| the obligat | named entity submits this statement for the ptions of registered agent. Signature, typed or printed name of registered agent and title if FEE IS \$61.25 Initial or Amended UBR | 9. Election Campaig Trust Fund Contrib | tered Agon signature require n Financing | | DATE Make Check F Florida Departm | Payable to | | |
| 10. | OFFICERS AND DIRECTO | | | | | 8 | | |
| ITTLE NAME STREET AODRESS CITY-S1-ZIP TITLE NAME STREET AODRESS | Biondo, Michael 8473 Bay Colony Dr. Naples, FL 34108 D McDonald, Robert | ive S | ITLE TREET ADDRESS ITY-ST-ZIP- TILE WARE TREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | CR2E037B (12/02 | | |
| CITY-ST-ZIP | 8231 Bay Colony Dr: | T7.0 | HY-SI-ZIP | | | | | |
| Title SAME NAME STREET ADDRESS CITY-ST-ZIP | Mushkin, Robert 8171 Bay Colony Dr. Naples, FL 34108 | i v e | ITLE TO SEE THE TREET ADDRESS STITY ST-ZIP | DO | NOT WRIT | E | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Froemming, Theodore 8111 Bay Colony Dri Naples, FL 34108 | ive s | ITLE AME Treet address Try-st-zip | in t | HIS SPAC | E | | |
| TITLE NAME STREET ADDRESS ČITY - ST-ZIP | McGinty, Ronald 9723 Niblick Lane Naples, FL 34108 | 'N S ' é | ME AME TREET ADDRESS ITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pearson, Alan 8720 Bay Côlony Dri Naples, FL 34108 | ive s | ami. Treet adobess ITY: SI-ZIP | | | | | |
| indicated | certify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver or trustee empowere | nd accurate and that my sign | nature Shall have the : | samo legal effect as if | made under oath: that I am : | an officer or director | | |

Affachment
NOT-FOR-PROFIT CORPORATION
NIFORM BUSINESS REPORT (URB)

SIGNATURE:

| UNIFORM BU | ISINESS REPOR | T (UBR) | | | | | |
|---|--|--|---|----------------------------|--|--|--|
| DOCUMENT # N2 1. Entity Name BAY COLONY | 6556) Community Assoc | Inc. | | , | | | |
| DO NOT W | RITE IN THIS S | SPACE | | | | | |
| Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | | DO NOT WRITE IN THIS ST | PACE | | | |
| City & State | City & State | | 4. FEI Number 45 - 0259394 | Applied For Not Applicable | | | |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | 68.75 Additional | | | |
| | | Name | 7. Name and Address of Current Registered | Agent | | | |
| being being an armore in the best and better the | T WRITE | | P.O. Box Number is Not Acceptable) | | | | |
| AL IN THI | SI SPACE IN I | | | | | | |
| | | City | | Zip Code | | | |
| The above named entity submits this site obligations of registered agent. SIGNATURE Signature, typed or printed name of its | | its registered office or register DTE: Registered Agent signature requires | red agent, or both, in the state of Florida. I am far | miliar with, and accept | | | |
| FEE IS \$61.25 Initial or Amended U | 9. Election C. Trust Fund | ampaign Financing I Contribution. | \$5.00 May Be Added to Fees Make Check Florida Departr | nent of State | | | |
| TITLE D NAME Blessing, Bu STREET ADDRESS GITY-SI-ZIP Naples, FL | | TITLE TNAME STREET ADDRESS 2 CITY SST, ZIP 2 | | COLOR DEFE | | | |
| Steve George STREET ADDRESS CHY-ST-ZIP Naples, FL | ony Drive | NAME TO STREET ADDRESS CITY ST. ZIP CITY | | | | | |
| MAME Stephen Warn STREET ADDRESS 7591 Bay Col | ony Drive | STREE ADDRESS COLY ST. 79 DO: NOT WRITE | | | | | |
| Steven Dunla Street Address 8960 Bay Col | ony Drive | ITTUE INVME STREET AUDRESS CITY'STI-7F' LETTER AUDRESS CITY'STI-7F' CITY'STI- | IN THIS SPAC | E-14 (2007) | | | |
| TITLE D NAME Richard McKe STREET ADDRESS 8755 La Palm CHY-ST-ZP Naples, FL 3 | a Lane | ITITLE STATE OF THE STATE OF TH | | | | | |
| TILE D NAME Julius Marks SIREET ADDRESS 216 Point Sa CHY-ST-ZIP Naples, FL 3 | lerno 4108 | NAME STREET ADDRESS CITY ST; ZIP 1 | | | | | |
| Indicated on this report or supplemen | tal report is true and accurate and that rustee empowered to execute this rep | ony signatura shall have the s | ction 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under cath; that I an 17, Florida Statutes; and that my name appears | on officer or director | | | |

Affachment

7004078

Daytine Phone #

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUI 1. Entity Nam BA | MENT # N | 26556 Commu | withy ! | Assn. | INC | | | | | | | |
|--|--|--|--|--|---|--|---|--|---|--|--|-------|
| | DO NOT | WRITE | 'IN' TH | IS SI | PACE | | | | | ŧ, | | |
| 2. Principal Pi | lace of Business | | 3. Mailing Ad | dress | | | | | , | | | |
| Suite, Apt. | #, elc. | | Suite, Apt | Suite, Apt, #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | , |
| City & State | 9 | | City & State | | | 4. FEI Number 65 - 02 | 59294 | | - | Applied For Not Applicable | | |
| Zip | Cou | intry | Zip | Zip Country | | | 5 Contificate of Status Desired \$8. | | | \$8.75 Fee Rec | .75 Additional | |
| | | | | | Name | | 7. Name and Add | ress of Current | Register | d Agent | | |
| | DO I | NOT, WI | RITE | | Street | Address (| P.O. Box Number is | Not Acceptable |) | | | |
| | AND DESCRIPTION OF THE PARTY OF | HIS SP | A CONTRACTOR OF THE PARTY OF TH | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | City | | , | | F | Zip (| Code | |
| | named entity submit | | the purpose of a | changing its | registered office | or register | ed agent, or both, i | n the state of Flor | rida. I am | familiar w | ith, and accept | |
| | | | | | ~ | | | | | | | |
| SIGNATURE _ | Signature, typed or printed r | name of ragistered agent a | nd title if applicable. | (NOTE | : Registered Agent sig | nature required | when reinstating) | | DATE | | | |
| | FEE IS \$61 Initial or Amend | Control of the Contro | | Election Can Trust Fund C | npaign Financing contribution. | , _ | \$5.00 May Be Added to Fees | CONTRACTOR OF CASE AND CONTRACTOR | いなもがのはいつべるのも | k Payal rtment | ** とから、かからでは、おくでは、またない。 はんじん かし | |
| 10. | D | FFICERS AND DIR | ECTORS | | TITLE STATE | ensace Pare | | | are ear | ASSETS VALUE | | (S) |
| NAME Duane Burnham STREET ADDRESS 8477 Bay Colony Drive CITY-S1-ZIP Naples, FL 34108 | | | | NAME STREET ADDRES CITY: ST: ZIP | | | | | | | CR2E037B (12/02 | |
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| name Street address | | | | | NAME STREET ADORES | | | | official Africa Africa | ru es di est Regenti, sur Ang era ses | | |
| CHY-ST-ZIP | artification that the interior | tion ourseling and | ship files at | at constitute of | CITY-ST-ZIP | | | | | 10 m | | |
| or the con | ertify that the informs on this report or supp poration or the receiv nt with an address, w | er or trustee empo | imeted to execu | or quality for e and that m te this report | me exemption s ly signature shal as required by | iated in Sec I have the s Chapter 61 | ction 119.07(3)(i), F same legal effect as 17, Florida Statutes | iorida Statules, I ili made under o and that my nar | Turther ce ath; that I Tile appea | erfify that th am an offi ars in Bloc | ne information cer or director k 10 or on an | |
| SIGNAT | URE: | | | | | | | | | | 1 | |