


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90911 023 ****61.25


DOCUMENT # N26556
1. Entity Name
BAY COLONY COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
**8700 BAY COLONY DRIVE
NAPLES FL 33963
US** **8700 BAY COLONY DRIVE
NAPLES FL 33963
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

70040570



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0259394** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TODD, KAREN S
C/O BAY COLONY COMMUNITY ASSOCIATION INC
8700 BAY COLONY DR
NAPLES FL 34108**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, GEORGE 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, DWIGHT 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIEBOUT, MARCIENNE 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANLON, CHRIS 24301 WALDEN CNTR DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, PAUL 24301 WALDEN CNTR DR BONIT ASPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAEGELE JR., ROBERT 7993 VIA VECCHIA NAPLES FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gunther, Don 8665 Bay Colony Drive Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Way, Paul 8231 Bay Colony Drive Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Deets, King 8169 Via Vecchia Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hanlon, Chris 24301 Walden Center Drive Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levitt, AnnLee 331 Colony Drive Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Naegele Jr. Robert 7993 Via Vecchia Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 address, with all other like empowered.

SIGNATURE: *King Deets* *4/10/03*

CR2E037 (10/02)


Attachment

70040578

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

DOCUMENT # **N26556**

1. Entity Name
Bay Colony Community Assn. Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0259394		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

DO NOT WRITE IN THIS SPACE

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

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	Biondo, Michael	NAME	
STREET ADDRESS	8473 Bay Colony Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	McDonald, Robert	NAME	
STREET ADDRESS	8231 Bay Colony Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Mushkin, Robert	NAME	
STREET ADDRESS	8171 Bay Colony Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Froemming, Theodore	NAME	
STREET ADDRESS	8111 Bay Colony Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	McGinty, Ronald	NAME	
STREET ADDRESS	9723 Niblick Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Pearson, Alan	NAME	
STREET ADDRESS	8720 Bay Colony Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered.


SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)

Attachment
70040578

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

DOCUMENT # N26556
 1. Entity Name
Bay Colony Community Assoc. Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0259394

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Blessing, Buck
STREET ADDRESS	8990 Bay Colony Drive
CITY-ST-ZIP	Naples, FL 34108
TITLE	D
NAME	Steve George
STREET ADDRESS	8930 Bay Colony Drive
CITY-ST-ZIP	Naples, FL 34108
TITLE	D
NAME	Stephen Warm
STREET ADDRESS	7591 Bay Colony Drive
CITY-ST-ZIP	Naples, FL 34108
TITLE	D
NAME	Steven Dunlap
STREET ADDRESS	8960 Bay Colony Drive
CITY-ST-ZIP	Naples, FL 34108
TITLE	D
NAME	Richard McKenzie
STREET ADDRESS	8755 La Palma Lane
CITY-ST-ZIP	Naples, FL 34108
TITLE	D
NAME	Julius Marks
STREET ADDRESS	216 Point Salerno
CITY-ST-ZIP	Naples, FL 34108

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date _____ Daytime Phone # _____

CR2E037B (12/02)

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

Attachment

7004078

DOCUMENT # <u>N 26556</u>	
1. Entity Name <i>Bay Colony Community Assn. Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0259394</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 re-stating) _____ DATE _____

FEE IS \$61.25
Initial or Amended UBR

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Duane Burnham
STREET ADDRESS	8477 Bay Colony Drive
CITY - ST - ZIP	Naples, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CFR2E037B (12/02)

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