

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N35187

FILED  
Sep 21, 2006  
Secretary of State

**Entity Name:** THE CARLYSLE AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8171 BAY COLONY DR  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

8171 BAY COLONY DR  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0256912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENZIES, ROBERT G.  
3003 TAMiami TRAIL N.  
SUITE 270, COLLIER PLACE I  
NAPLES, FL 33940 US

**Name and Address of New Registered Agent:**

R&A AGENTS, INC. C/O STEVEN M. FALK  
850 PARK SHORE DRIVE  
SUITE 300  
NAPLES, FL 34103 US

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.

SIGNATURE: STEVEN M. FALK

09/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MCCORMICK, WILLIAM  
Address: 8171 BAY COLONY DR  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: QUEENAN, WILLIAM  
Address: 8171 BAY COLONY DR.  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: SARNI, VINCENT  
Address: 8171 BAY COLONY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: BELTZ, ANNE  
Address: 8171 BAY COLONY DR  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: KING, GAIL  
Address: 8171 BAY COLONY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: V ( ) Delete  
Name: SMITH, LARRY  
Address: 8171 BAY COLONY DRIVE  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT SARNI

PD

09/21/2006

Electronic Signature of Signing Officer or Director

Date