

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90020 018 \*\*\*\*61.25

<b>DOCUMENT # N93000001168</b> 1. Entity Name <b>THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8990 BAY COLONY DR. NAPLES, FL 34108</b>			Mailing Address <b>8990 BAY COLONY DR. NAPLES, FL 34108</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>74-2844327</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BECKER &amp; POLIAKOFF P.A. C/O JOS E. ADAMS BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103-0000</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD BARBER, JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8990 BAY COLONY DRIVE #702		NAME		
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	VD GALLAGHER, JO <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8990 BAY COLONY DRIVE #701		NAME		
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	PD MENDELSON, PETER <input type="checkbox"/> Delete		TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8990 BAY COLONY DRIVE #803		NAME		
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	SD SCANLON, TIMOTHY <input type="checkbox"/> Delete		TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8990 BAY COLONY DRIVE #1101		NAME		
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	D TYMANN, JACK <input checked="" type="checkbox"/> Delete		TITLE	<b>SD - SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	8990 BAY COLONY DR #1201		NAME	<b>HARDY, JACK</b>	
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS	<b>8990 BAY COLONY DRIVE #401</b>	
CITY-STATE-ZIP			CITY-STATE-ZIP	<b>NAPLES, FL 34108</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>VD - VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>REGEL, JIM</b>	
STREET ADDRESS			STREET ADDRESS	<b>8990 BAY COLONY DRIVE #901</b>	
CITY-STATE-ZIP			CITY-STATE-ZIP	<b>NAPLES, FL 34108</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Timothy T. Scanlon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>TIMOTHY SCANLON, PRESIDENT 3/9/06</b> Date		
			Daytime Phone #		