

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 05, 2009
Secretary of State

DOCUMENT# N95000001215

Entity Name: MANSION LA PALMA AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US**New Principal Place of Business:****Current Mailing Address:**C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US**New Mailing Address:****FEI Number:** 65-0567173**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: WYSE, STEVE
Address: 82 PINE OAK PLACE
City-St-Zip: ARCHBOLD, OH 43502**Title:** P () Delete
Name: JOHNSON, KENT
Address: 8720 BAY COLONY #204
City-St-Zip: NAPLES, FL 34108**Title:** D () Delete
Name: NAKFOOR, BRUCE
Address: 8720 BAY COLONY #603
City-St-Zip: NAPLES, FL 34108**Title:** VP () Delete
Name: FOGARASI, ANDRE
Address: 6701 PENBERTON STREET
City-St-Zip: BETHESDA, MD 20817**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** T () Change (X) Addition
Name: SUTPHIN, BARBARA
Address: 8720 BAY COLONY DRIVE 104
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify 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: COMPASS GROUP

MGR

11/05/2009

Electronic Signature of Signing Officer or Director

Date