

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001513 (9)

1. Corporation Name

HOMEOWNERS OF BAY COLONY, INC.



Principal Place of Business

Mailing Address

801 LAUREL OAK DRIVE
SUITE 600. SUN BANK BLDG.
NAPLES FL 33963

801 LAUREL OAK DRIVE
SUITE 600. SUN BANK BLDG.
NAPLES FL 33963

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number
65-0573582

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIANSSEN, JON L	
STREET ADDRESS	7977 VIA VECCHIA	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWENKRON, MARIANNE	
STREET ADDRESS	8990 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORNBERG, DAVID	
STREET ADDRESS	7935 VIZCAYA WAY	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODHAMS, LAURA	
STREET ADDRESS	6171 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMAN, JOHN R	
STREET ADDRESS	8990 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, STEPHEN	
STREET ADDRESS	8221 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES FL 33963	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7223 Troy Lane
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8231 Bay Colony Drive
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jon L. Christiansen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 941-598-7269
Date Daytime Phone #

CR2E037 (12/95)