

FILE NOW: FILING FEE IS \$61.25

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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

4. FEI Number

65-0573582

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CHRISTIANSEN, JON L
STREET ADDRESS 7977 VIA VECCHIA
CITY - ST - ZIP NAPLES FL 33963

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME LOWENKRON, MARIANNE
STREET ADDRESS 8990 BAY COLONY DRIVE
CITY - ST - ZIP NAPLES FL 33963

2.2 NAME
2.3 STREET ADDRESS 7223 Troy Lane
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME TORNBERG, DAVID
STREET ADDRESS 7935 VIZCAYA WAY
CITY - ST - ZIP NAPLES FL 33963

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WOODHAMS, LAURA
STREET ADDRESS 6171 BAY COLONY DRIVE
CITY - ST - ZIP NAPLES FL 33963

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME GILMAN, JOHN R
STREET ADDRESS 8990 BAY COLONY DRIVE
CITY - ST - ZIP NAPLES FL 33963

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME SCHWARTZ, STEPHEN
STREET ADDRESS 8221 BAY COLONY DRIVE
CITY - ST - ZIP NAPLES FL 33963

6.2 NAME
6.3 STREET ADDRESS 8231 Bay Colony Drive
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)