

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #
1. Corporation Name N95000001513 (9)

HOMEOWNERS OF BAY COLONY, INC.

Principal Place of Business Mailing Address
801 Laurel Oak Drive 801 Laurel Oak Drive
Suite 600 Sun Bank Bldg Suite 600 Sun Bank Bldg
Naples, FL 34108 Naples, FL 34108

APPROVED
AND
FILED

98 OCT 30 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		03/30/1995	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		65-0573582	
24. Country		29. Country		5. Certificate of Status Desired	
				Applied For: <input type="checkbox"/> Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Corporation Information Services Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

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		1.2 NAME	
STREET ADDRESS 7977 Via Vecchia		1.3 STREET ADDRESS	
CITY-ST-ZIP Naples, FL 34108		1.4 CITY-ST-ZIP	
TITLE D	DELETE	2.1 TITLE	Change Addition
NAME Lowenkron, Marianne		2.2 NAME	
STREET ADDRESS 7223 Troy Lane		2.3 STREET ADDRESS	
CITY-ST-ZIP Naples, FL 34108		2.4 CITY-ST-ZIP	
TITLE D	DELETE	3.1 TITLE	Change Addition
NAME Schwartz, Stephen		3.2 NAME	
STREET ADDRESS 8231 Bay Colony Drive		3.3 STREET ADDRESS	
CITY-ST-ZIP Naples, FL 34108		3.4 CITY-ST-ZIP	
TITLE D	DELETE	4.1 TITLE	Change Addition
NAME Naegele, Robert Jr.		4.2 NAME	
STREET ADDRESS 7993 Via Vecchia		4.3 STREET ADDRESS	
CITY-ST-ZIP Naples, FL 34108		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Naegele Jr. by sub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT NAEGELE JR

Date

4/29/98 941/263-2224

DeVine Phone # 0554382

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1998



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CONTINUED

DOCUMENT # N95000001513 (9)
1. Corporation Name

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Principal Place of Business Mailing Address
801 Laurel Oak Drive 801 Laurel Oak Dr
Suite 600 Sun Bank Bldg Suite 600 Sun Bank Bldg
Naples, FL 34108 Naples, FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1995

4. FEI Number 650573582 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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Varley, Alan B., Dr.	1.2 NAME	
STREET ADDRESS	8111 Bay Colony Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elkins, Shirlene	2.2 NAME	
STREET ADDRESS	8231 Bay Colony Drive #2101	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, 34108	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harshman, Richard	3.2 NAME	
STREET ADDRESS	8231 Bay Colony Drive #803	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, 34108	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, William G	4.2 NAME	
STREET ADDRESS	8095 Vizcaya Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hefley, Hildegard	5.2 NAME	
STREET ADDRESS	8171 Bay Colony Drive #1102	5.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hay, Carol Ann	6.2 NAME	
STREET ADDRESS	248 Point Salerno	6.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Halperin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT HALPERIN JR.

Date: 4/25/98 (911) 253-2224
Daytime Phone # 0554282