

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 001 ****61.25

DOCUMENT # N95000001513

1. Corporation Name

HOMEOWNERS OF BAY COLONY, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 600. SUN BANK BLDG.
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 600. SUN BANK BLDG.
NAPLES FL 34108

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0573582

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

NAEVELE, ROBERT JR.

82 Street Address (P.O. Box Number is Not Acceptable)

7993 VIA VECCHIA

83

84 City

NAPLES

FL

85 Zip Code

34108

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CHRISTIANSEN, JON L 7977 VIA VECCHIA NAPLES FL 34108	<input type="checkbox"/>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D LOWENKRON, MARIANNE 7223 TROY LANE NAPLES FL 34108	<input checked="" type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SCHWARTZ, STEVEN 328 COLONY DR. NAPLES FL 34108	<input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAEVELE, ROBERT JR. 7993 VIA VECCHIA NAPLES FL 34108	<input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVAR LEY, ALAN B DR. 8111 BAY COLONY DR. NAPLES FL 34108	<input checked="" type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ELKINS, SHIRLENE 8231 BAY COLONY DRIVE #2101 NAPLES FL 34108	<input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 941-594-0990

CR2E037 (11/98)