

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002301 (8)

1. Corporation Name

THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8473 BAY COLONY DRIVE
NAPLES FL 33963

Mailing Address
8473 BAY COLONY DRIVE
NAPLES FL 33963

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	801 Laurel Oak Drive	65-0581735	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Suite 102	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Naples, FL	<input type="checkbox"/>	
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	33963	USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
KIRKPATRICK, THAD 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963		81. Name	Vivian Hastings		
		82. Street Address (P.O. Box Number is Not Acceptable)	801 Laurel Oak Drive		
		83.	Suite 500		
		84. City	Naples	85. Zip Code	FL 33963

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: *Chris Hanlon* DATE: 5/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, GEORGE R	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELWOOD, ROBERT L	2.2 NAME	Thomas, Dwight
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	2.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 102
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKPATRICK, THAD	3.2 NAME	Hanlon, Chris
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	3.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 102
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, PAMELA L	4.2 NAME	Rivera, Carlos
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	4.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 500
CITY-ST-ZIP	NAPLES FL 33963	4.4 CITY-ST-ZIP	Naples, FL 33963
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700001866117
STREET ADDRESS		5.3 STREET ADDRESS	-06/19/96--01001--021
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***\$61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Chris Hanlon* DATE: 5/29/96 DAYTIME PHONE #: (941) 597-6061

CR2E037 (12/95)