

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002301 (8)

1. Corporation Name
THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATI
ON, INC.



Principal Place of Business
8473 BAY COLONY DRIVE
NAPLES FL 33963

Mailing Address
801 LAUREL OAK DR.
STE 102
NAPLES FL 34108-2707

3. Date Incorporated or Qualified 05/08/1995
3a. Date of Last Report 06/18/1996

2. Principal Place of Business
21 Suite, Apt #, etc.

2a. Mailing Address
26 Suite, Apt #, etc.

4. FEI Number 65-0581735
Applied For Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 34108 Country
25 Country
29 Zip 34108 Country
30 Country

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
HASTINGS, VIMEN
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAGE, GEORGE R	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	THOMAS, DWIGHT	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HANLON, CHRIS	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIVERA, CARLOS	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 102	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Chris Hanlon* Secretary

1/29/97 (941) 597-6061

CR2E037 (9/96)