

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002301 (8)**  
1. Corporation Name  
**THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATI  
ON, INC.**



Principal Place of Business <b>8473 BAY COLONY DRIVE NAPLES FL 34108 US</b>	Mailing Address <b>801 LAUREL OAK DR. STE 102 NAPLES FL 33963</b>
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3. Date Incorporated or Qualified <b>05/08/1995</b>	
4. FEI Number <b>65-0581735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>The Biltmore</b>	2a. Mailing Address <b>8473 Bay Colony Dr</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>Naples FL</b>	28. City & State
24. Zip <b>34108</b>	29. Zip
25. Country <b>Collier</b>	30. Country

9. Name and Address of Current Registered Agent  
**HASTINGS, VIVIAN  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name <b>Becker Polakoff PA c/o Joseph E. Adams</b>	
82 Street Address (P.O. Box Number Is Not Acceptable) <b>3008 Tamiami Trail North</b>	
83 <b>None</b>	
84 City <b>Naples FL</b>	85 Zip Code <b>33940</b>

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: Joseph E. Adams (NOTE: Registered Agent signature required when relating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAGE, GEORGE R</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, DWIGHT</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>HANLON, CHRIS</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>RIVERA, CARLOS</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
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	<b>OP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Walter Spengler</b>	
1.3 STREET ADDRESS	<b>8473 Bay Colony Drive # 1202</b>	
1.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>	
2.1 TITLE	<b>OV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Albert Tyskiewicz</b>	
2.3 STREET ADDRESS	<b>8473 Bay Colony Drive # 1604</b>	
2.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>	
3.1 TITLE	<b>OS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mary McGonigal</b>	
3.3 STREET ADDRESS	<b>8473 Bay Colony Drive # 403</b>	
3.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>	
4.1 TITLE	<b>OT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Carol Hulce</b>	
4.3 STREET ADDRESS	<b>8473 Bay Colony Drive # 302</b>	
4.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>	
5.1 TITLE	<b>OD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Michael Biondo</b>	
5.3 STREET ADDRESS	<b>8473 Bay Colony Drive # 803</b>	
5.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Walter Spengler 11/30/98 811-514-4125

CP2E037 (10/97)