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Mar 14, 1999 8:00 am
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03-14-1999 90029 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000002301

1. Corporation Name

THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8473 BAY COLONY DRIVE
 NAPLES FL 34108
 US

Mailing Address

8473 BAY COLONY DRIVE
 STE 102
 NAPLES FL 33963
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0581735	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF P.A.
 C/O JOSEPH E. ADAMS
 3003 TAMiami TRAIL NORTH
 NAPLES FL 33940

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENGLER, WALTER	1.2 NAME	
STREET ADDRESS	8473 BAY COLONY DRIVE #1202	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSKWICZ, ALBERT	2.2 NAME	BIONDO, MICHAEL
STREET ADDRESS	8473 BAY COLONY DRIVE #1804	2.3 STREET ADDRESS	8473 BAY COLONY DRIVE #803
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONIGAL, MARY	3.2 NAME	
STREET ADDRESS	8473 BAY COLONY DRIVE #403	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULCE, CAROL	4.2 NAME	
STREET ADDRESS	8473 BAY COLONY DRIVE #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIONDO, MICHAEL	5.2 NAME	REALE, BRUCE
STREET ADDRESS	8473 BAY COLONY DRIVE #803	5.3 STREET ADDRESS	8473 BAY COLONY DRIVE #1804
CITY-ST-ZIP	NAPLES FL 34108	5.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> DELETE	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 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] DATE: 3/16/99 DAYTIME PHONE: 941-513-9705

CR2E037 (1/198)