

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002301

1. Entity Name

THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATI

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90111 032 \*\*\*\*61.25

Principal Place of Business 8473 BAY COLONY DRIVE NAPLES FL 34108 US	Mailing Address 8473 BAY COLONY DRIVE STE 102 NAPLES FL 34108-6786 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0581735</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENGLER, WALTER 8473 BAY COLONY DRIVE #1202 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLONDO, MICHAEL 8473 BAY COLONY DRIVE #803T NAPLES FL 34108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGONIGAL, MARY 8473 BAY COLONY DRIVE #403 NAPLES FL 34108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HULCE, CAROL 8473 BAY COLONY DRIVE #302 NAPLES FL 34108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIONDO, MICHAEL 8473 BAY COLONY DRIVE #803 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL SCHIMMENTI 8473 BAY COLONY DRIVE #1603 NAPLES, FLORIDA 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENJAMIN PELTZ 8473 BAY COLONY DRIVE #1901 NAPLES, FLORIDA 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE REALE 8473 BAY COLONY DRIVE #1804 NAPLES, FLORIDA 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (941) 513-9705  
 Date Daytime Phone #

CR2E037 (9/99)