FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 31 1997 8:00am
Secretary of State

DOCUMENT # N96000001663

1. Corporation Name

THE WINDSOR AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 3/26/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 24301 Walden Center Drive	26 24301 Walden Center Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip 24 34134 Country 25 USA	Zip 29 34134 Country 30 USA

4. FEI Number: 65-0674950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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	10. Name and Address of New Registered Agent
	81 Name: Vivien N. Hastings
	82 Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Drive
	83 Suite 300
	84 City: Bonita Springs FL 85 Zip Code: 34134

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: [signature] 7/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P George R. Page 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Carlos A. Rivera 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/V/S Dwight Thomas 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V Christopher J. Hanlon 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T Melanie M. Himrod 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	800002255258 -08/01/97--01088--004 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

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: [signature] 7/29/97 (941) 947-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Christopher J. Hanlon, Vice President