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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000001663**

1. Corporation Name

THE WINDSOR AT BAY COLONY CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134

2. Principal Place of Business 21 8477 Bay Colony Dr. Suite, Apt. #, etc. 22 City & State 23 Naples, Fl. Zip / Country 24 34108 25 Collier USA	2a. Mailing Address 26 8477 Bay Colony Dr. Suite, Apt. #, etc. 27 #3000 City & State 28 Naples, Fl. Zip / Country 29 34108 30 Collier USA	3. Date Incorporated or Qualifed 03/26/1996 4. FEI Number 65-0674950 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134	81 Name: STANLEY ELWELL 82 Street Address (P.O. Box Number is Not Acceptable): 8477 BAY COLONY DR. 83 84 City: NAPLES FL 85 Zip Code: 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 [signature] STANLEY S. ELWELL 3-5-99
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	PD PAGE, GEORGE R 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JEFFRIES, FRANCIS 8477 BAY COLONY DR. #902 NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS THOMAS, DWIGHT 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD ESSON, J. DOUGLAS 8477 BAY COLONY DR. #1202 NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HIMROD, MELANIE M 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	VD PRUTER, DONALD 8477 BAY COLONY DR. PH-18 NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANLON, CHRISTOPHER J 24301 WALDEN CENTER DRIVE BONITA SPRING FL 34134	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD GARVIN, DAVID 8477 BAY COLONY DR. PH-21 NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD TENZER, MARILYN 8477 BAY COLONY DR. #602 NAPLES, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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] SIGNATURE REQUIRED FRANCIS E JEFFRIES PRES. 3-5-99 941-592-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #