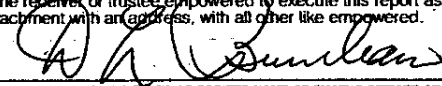


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90305 036 ****61.25

DOCUMENT # N96000001663 1. Entity Name THE WINDSOR AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8477 BAY COLONY DR NAPLES, FL 34108			Mailing Address 8477 BAY COLONY DR SUITE 3000 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, FL		City & State		4. FEI Number 65-0674950	
Zip		Zip		Country	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCORMISH, VINCENT 8477 BAY COLONY DR NAPLES, FL 34108			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	☐ Change ☐ Addition	
NAME	CLAYPOOLE, JAMES		NAME		
STREET ADDRESS	8477 BAY COLONY DR 902		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	VP		TITLE	☐ Change ☐ Addition	
NAME	DOUGLAS, ESSON J		NAME		
STREET ADDRESS	8477 BAY COLONY DR 1202		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	VD		TITLE	☐ Change ☐ Addition	
NAME	CORACE, RICHARD		NAME		
STREET ADDRESS	8477 BAY COLONY DR #1001		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	BURNHAM, DUANE		NAME		
STREET ADDRESS	8477 BAY COLONY DR #1102		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	V		TITLE	☐ Change ☐ Addition	
NAME	SALKE, JOAN		NAME		
STREET ADDRESS	8477 BAY COLONY DR #801		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		