

# 2007 NOT-FOR-PROFIT CORPORATION , ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 030 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**65-0674950**

Applied For

Not Applicable

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

~~NOORAH M. FIDELITY~~ **MARY LO WAHL, CAM**  
**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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAYPOOLE, JAMES	
STREET ADDRESS	8477 BAY COLONY DR 402	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOUGLAS, ESSON J	
STREET ADDRESS	8477 BAY COLONY DR 1202	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DIROMUALDO, ROBERT	
STREET ADDRESS	8477 BAY COLONY DRIVE, # 502	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALKE, JOAN	
STREET ADDRESS	8477 BAY COLONY DR #801	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEGRANGE, CHARLES	
STREET ADDRESS	8477 BAY COLONY DR 1402	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Wortman	
STREET ADDRESS	8477 Bay Colony Drive #701	
CITY- ST- ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*James Claypoole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/07*  
Date

Daytime Phone #