FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P95000069141 (6)

1. Corporation Name
BAY COLONY OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963	801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963

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

3. Date Incorporated or Qualified: 09/07/1995

4. FEI Number: 65-0323732 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ☐ No

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN H
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Vivien Hastings (NOTE: Registered Agent signature required when reinstating) DATE 2/11/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	GEORFE PAGE		1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR STE 102		1.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Bonita Springs, FL	
TITLE	DS	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	HASTINGS, V. N		2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500		2.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Bonita Springs, FL	
TITLE	DT	XX DELETE	3.1 TITLE	DT	☐ Change XX Addition
NAME	CARLSON, A. J		3.2 NAME	Steven C. Adelman	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500		3.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Bonita Springs, FL	
TITLE	V	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITNEY, S R		4.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR STE 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivien N. Hastings, Secretary — Vivien Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/11/98 Daytime Phone #: (941) 947-2600

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CR2E034 (10/97)