

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069141

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: BAY COLONY OF NAPLES, INC.

## Current Principal Place of Business:

24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134 US

## New Principal Place of Business:

## Current Mailing Address:

24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134 US

## New Mailing Address:

FEI Number: 65-0323732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASTINGS, VIVIEN H  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: VIVIEN N. HASTINGS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAGE, GEORGE  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS ( ) Delete  
Name: HASTINGS, V. N  
Address: 24301 WALDEN CENTER DR, STE. 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DTV ( ) Delete  
Name: ADELMAN, STEVEN C  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V ( ) Delete  
Name: CULLEN, JAMES D  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HANLON, CHRISTOPHER J  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS (X) Change ( ) Addition  
Name: HASTINGS, VIVIEN N  
Address: 24301 WALDEN CENTER DR, STE. 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN N HASTINGS

S

04/27/2004

Electronic Signature of Signing Officer or Director

Date