

P95000069141

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entry Name
BAY COLONY OF NAPLES, INC.



55021526

Figure 1

☒ CHECK HERE IF MAKING CHANGES

City & State		City & State		a. FEI Number 65-0323732		Applied For Not Applicable	
Zip	Country	Zip	Country	b. 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			
HASTINGS, VIVIAN H 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134				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

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NOTE: Financial Aid is available only to students who are U.S. citizens.

CAT

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAGE, GEORGE 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D9 HASTINGS, V. N 24301 WALDEN CENTER DR, STE. 300 BONITA SPRINGS, FL 34134	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ADELMAN, STEVEN C 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☐ Delete	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(X), 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 607, 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. I

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Vivien N. Hastings, Secretary

03/24/03 (239) 498-8605

□

Control System