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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108415 (5)

BBC COLONY VILLAS, INC. Principal Place of Business Mailing Address 2054 TRADE CENTER WAY 2054 TRADE CENTER WAY NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARLICK, THOMAS B 8889 PELICAN BAY BOULEVARD, STE. 300 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 83 84 City Zip Code 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**

Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition BYAL, TIMOTHY P NAME 12 NAME 2054 TRADE CENTER WAY STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34109 CITY-ST-719 14 City-St-7IP DELETE Change Addition TITLE 2.1 TITLE CERVIERI, JOHN A JR HAME 2.2 NAME 580 OCEAN ROAD STREET ADDRESS 2.3 STREET ADDRESS NARRAGANSETT RI 02882 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-21P 5.4 CITY-ST-ZIP Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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 of supplymental 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 conformation or the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or or an article point with a address.

SIGNATURE:

TIMOTHY P. BYAL

FILED

Apr 14 1998 8:00am

Secretary of State

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