

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
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DOCUMENT # **S09654** (2)  
1. Corporation Name  
**BAY COLONY REALTY ASSOCIATES, INC.**

Principal Place of Business

**801 LAUREL OAK DRIVE  
SUITE 102  
NAPLES FL 33963-2707  
US**

Mailing Address

**801 LAUREL OAK DRIVE  
STE 102  
NAPLES FL 33963-2707  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 <b>24301 Walden Center Drive</b>	26 <b>24301 Walden Center Drive</b>	<b>10/30/1990</b>	<b>65-0227049</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 <b>Suite 300</b>	27 <b>Suite 300</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>	
23 <b>Bonita Springs, FL</b>	28 <b>Bonita Springs, FL</b>	8. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Zip	Personal Property Tax due June 30.		
24 <b>34134</b>	29 <b>34134</b>			
Country	Country			
25 <b>USA</b>	30 <b>USA</b>			

9. Name and Address of Current Registered Agent

**VIVIAN N. HASTINGS  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name	<b>Vivien N. Hastings</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>24301 Walden Center Drive</b>
83	<b>Suite 300</b>
84 City	<b>Bonita Springs FL</b>
85 Zip Code	<b>34134</b>

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Vivian 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	PD	1.1 TITLE	DP
NAME	<b>SUSAN BUCKMAN</b>	1.2 NAME	<b>Wanda Z. Cross</b>
STREET ADDRESS	<b>801 LAUREL OAK DRIVE #102</b>	1.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE	TD	2.1 TITLE	DS
NAME	<b>CARLSON, A. J.</b>	2.2 NAME	<b>Vivien N. Hastings</b>
STREET ADDRESS	<b>801 LAUREL OAK DR., SUITE 500</b>	2.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE	SD	3.1 TITLE	DT
NAME	<b>RIVERA, C. A.</b>	3.2 NAME	<b>Steven C. Adelman</b>
STREET ADDRESS	<b>801 LAUREL OAK DR., SUITE 500</b>	3.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Vivian N. Hastings*  
**Vivien N. Hastings, Secretary**

2/11/98

(941) 947-2600

CR2E034 (10/97)