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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S09654**

1. Corporation Name

BAY COLONY REALTY ASSOCIATES, INC.

Principal Place	of Business	Mailing Address							
24301 WALDEN	CENTER DR	24301 WALDEN CENTER D	R						
STE 300		STE 300				DO NOT MIDITE IN THIS SPACE			
BONITA SPRINGS FL 34134		BONITA SPRINGS FL 34134			L .	DO NOT WRITE IN THIS SPACE			
US		US				Date Incorporated or Qua	anted		i
						10/30/1990			
2. Principal Pla	ace of Business	2a. Mailing Address				El Number			oplied For
21		26			(65-0227049			ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. 6	Certifcate of Status Desir	red 🗆	*	Additional
22		27						Fee Re	equired
City & State	9	City & State			6. 1	Election Campaign Finan	icing		May Be
23	_	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry	8.	This corporation owes the	e current year Ir		_
24	25	29	30			Personal Property Tax.		☐ Yes	□No ·
	9. Name and Address of Current	Registered Agent			10.	Name and Address of I	New Registered	f Agent	
<u>-</u>				81 Name					
VIVIAN N. HASTINGS		82		82 Stroot	Address (D	O. Box Number is Not Ad	centable)		
24301 WALDEN CENTER DR				Sueet	Muuless (I .	O. DOX (NUMBER IS NOT A	occpianio)		
STE 300			l	83					
BONI	ITA SPRINGS FL 34134								
				84 City			FI	L 85 Zip	Code
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	tes, the al	ove-named	corporation	submits this statement for	or the purpose of	of changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was a	autnonzea	by the corp	oration's boa	ard of directors. I hereby	accept the appo	ointment as re	egistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature	required when rei			VID DIDEOT	
		DIDEATORS	40			DOITIONG/CHANGES T	'A AEEICERS A	IND DIRECT	ORS IN 12 I
12.		DIRECTORS	13.			DDITIONS/CHANGES T	O OFFICERS A		
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——-т	DP SUSAN BUCKMAN	₩ DELETE	1.1 TIT 1.2 NA	ME	DP Wanda	Z. Cross			
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TITLE NAME	DP SUSAN BUCKMAN	FE 300	1.1 TII 1.2 NA 1.3 ST 1.4 CI	ME REET ADORESS 'Y-ST-ZIP	DP Wanda 24301	Z. Cross	r Drive	☐ Change	
TITLE NAME STREET ADDRESS	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S	₩ DELETE	1.1 TIT 1.2 NA 1.3 ST	ME REET ADORESS 'Y-ST-ZIP	DP Wanda 24301	Z. Cross Walden Cente	r Drive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134	FE 300	1.1 TII 1.2 NA 1.3 ST 1.4 CI	ME REET ADORESS 'Y-ST-ZIP LE	DP Wanda 24301	Z. Cross Walden Cente	r Drive	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S' BONITA SPRINGS FL 34134 DS HASTINGS, VIVIEN N	TE 300 □ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 22 NA	ME REET ADORESS 'Y-ST-ZIP LE	DP Wanda 24301 Bonita	Z. Cross Walden Cente	r Drive	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134 DS HASTINGS, VIVIEN N 24301 WALDEN CENTER DR, S	TE 300 □ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 22 NA 2.3 ST	ME REET ADORESS Y-ST-ZIP LE ME	DP Wanda 24301 Bonita	Z. Cross Walden Cente	r Drive	☐ Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134 DS HASTINGS, VIVIEN N 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134 DT ADELMAN, STEVEN C	TE 300 ☐ DELETE TE 300	1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 22 NA 2.3 ST 2.4 CG 3.1 TF 3.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	DP Wanda 24301 Bonit	Z. Cross Walden Cente	r Drive	☐ Change	☑ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUSAN BUCKMAN 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134 DS HASTINGS, VIVIEN N 24301 WALDEN CENTER DR, S BONITA SPRINGS FL 34134 DT ADELMAN, STEVEN C 24301 WALDEN CENTER DR	TE 300 DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CC	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS	DP Wanda 24301 Bonit	Z. Cross Walden Cente	r Drive	☐ Change ☐ Change ☐ Change	Addition Addition
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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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/22/99

(941) 947-2600

Daytime Phone #