

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PH 2:16

DOCUMENT # **S20577** (0)

1. Corporation Name  
**COLONY RESORT, INC.**

Principal Place of Business Mailing Address  
**419 E GULF DR SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/24/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0058239</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
22	27	23	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	
24	25	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>EVANS, LARRY W 419 E GULF DR SANIBEL FL 33957</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGLEY, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>16 ROUNDHILL CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVILLE IN</b>	1.4 CITY-ST-ZIP	
TITLE	<del>VD</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WELLER, S. RUSS</del>	2.2 NAME	<b>VD</b>
STREET ADDRESS	<del>356 HARMON BLVD</del>	2.3 STREET ADDRESS	<b>EUGENE RADKE</b>
CITY-ST-ZIP	<del>DAYTON OH</del>	2.4 CITY-ST-ZIP	<b>9114 MOCKINGBIRD DR SANIBEL, FL</b>
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STICKEN, J.W.</b>	3.2 NAME	
STREET ADDRESS	<b>1328 CURTISS AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMES IO</b>	3.4 CITY-ST-ZIP	
TITLE	<del>DD</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BREITUNG, LUDY</del>	4.2 NAME	<b>SD</b>
STREET ADDRESS	<del>97 HAWTHORNE LANE</del>	4.3 STREET ADDRESS	<b>ZENIA BUTLER</b>
CITY-ST-ZIP	<del>SPRINGFIELD IL</del>	4.4 CITY-ST-ZIP	<b>14075 FOOTHILL CIRCLE GOLDEN, CO</b>
TITLE	<b>DV</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUINEY, EVELYN</b>	5.2 NAME	
STREET ADDRESS	<b>TROPICAL HARBOR ESTATES, 216 SEVENTH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 the 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: J. W. Sticken 1/17/95 515-232-1386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initial Printed #