

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S20577 (0)**

1. Corporation Name
COLONY RESORT, INC.



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

3. Date Incorporated or Qualified: **12/24/1990**
3a. Date of Last Report: **01/24/1995**
4. FEE Number: **65-0058239**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**EVANS, LARRY W
419 E GULF DR
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAGLEY, CHARLES	
STREET ADDRESS	16 ROUNDHILL CT	
CITY-STATE-ZIP	DANVILLE IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RADKE, EUGENE	
STREET ADDRESS	9114 MOCKINGBIRD DR	
CITY-STATE-ZIP	SANIBEL FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STICKEN, J.W.	
STREET ADDRESS	1328 CURTISS AVE	
CITY-STATE-ZIP	AMES IO	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, ZENIA	
STREET ADDRESS	14075 FOOTHILL CIR	
CITY-STATE-ZIP	GOLDEN CO	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GUINEY, EVELYN	
STREET ADDRESS	TROPICAL HARBOR ESTATES, 216 SEVENTH ST	
CITY-STATE-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD WELLS, S. RUSS
2.3 STREET ADDRESS	356 HARMON BLVD
2.4 CITY-STATE-ZIP	DAYTON OHIO
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD STICKEN, J.W.
3.3 STREET ADDRESS	1328 CURTISS AVE
3.4 CITY-STATE-ZIP	AMES IOWA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD BUTLER, ZENIA
4.3 STREET ADDRESS	14075 FOOTHILL CIR
4.4 CITY-STATE-ZIP	GOLDEN CO
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD REED, CRAIG
5.3 STREET ADDRESS	93 E. HILLCREST AVE
5.4 CITY-STATE-ZIP	CHALFONT PA.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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:

Larry W Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96

944 472 5151

CR2E034 (12/95)