

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S20577 (0)**

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



Principal Place of Business <b>419 E GULF DR SANIBEL FL 33957</b>	Mailing Address <b>419 E GULF DR SANIBEL FL 33957-7201</b>
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3. Date Incorporated or Qualified <b>12/24/1990</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>65-0058239</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	PD <input type="checkbox"/> DELETE	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	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLER, S. RUSS</b>	2.2 NAME	<b>WELLER, S. RUSS</b>
STREET ADDRESS	<b>356 HARMON BLVD.</b>	2.3 STREET ADDRESS	<b>356 HARMON BLVD</b>
CITY-ST-ZIP	<b>DAYTON OH</b>	2.4 CITY-ST-ZIP	<b>DAYTON, OH</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" 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	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, ZENIA</b>	4.2 NAME	
STREET ADDRESS	<b>14075 FOOTHILL CIR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOLDEN CO</b>	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, CRAIG</b>	5.2 NAME	<b>SHAND, JAMES</b>
STREET ADDRESS	<b>83 E. HILLCREST AVE.</b>	5.3 STREET ADDRESS	<b>3213 FAIRHILL LANE</b>
CITY-ST-ZIP	<b>CHALFONT PA</b>	5.4 CITY-ST-ZIP	<b>DAYTON, OH 45420</b>
TITLE	<input type="checkbox"/> DELETE	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 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: *Larry W. Evans* **LARRY W. EVANS** **3-24-97** (941) 472-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)