

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

FILED
Jun 09 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1990	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0058239	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGLEY, CHARLES	1.2 NAME	CRAIG REED
STREET ADDRESS	18 ROUNDHILL CT	1.3 STREET ADDRESS	43 E HILLCREST AVE.
CITY-ST-ZIP	DANVILLE IN	1.4 CITY-ST-ZIP	Chalfont, PA 18914
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLER, S RUSS	2.2 NAME	
STREET ADDRESS	356 HARMON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKEN, J.W.	3.2 NAME	
STREET ADDRESS	1328 CURTISS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMES IO	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ZENIA	4.2 NAME	
STREET ADDRESS	14075 FOOTHILL CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAND, JAMES	5.2 NAME	100002557281
STREET ADDRESS	3213 FAIRHILL LANE	5.3 STREET ADDRESS	-06/11/98--01100--005
CITY-ST-ZIP	DAYTON OH	5.4 CITY-ST-ZIP	***83.40
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002557281
STREET ADDRESS		6.3 STREET ADDRESS	-06/11/98--01100--004
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***66.00

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.

CR2E034 (10/97)