

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

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Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90027 015 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20577

1. Corporation Name
COLONY RESORT, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 65-0058239 Applied For: Not Applicable

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 owes the current year Intangible Personal Property Tax: Yes No

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

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: _____ (NOTE: Registered Agent signature required when reinstating). DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAGLEY, CHARLES	
STREET ADDRESS	16 ROUNDHILL CT	
CITY-ST-ZIP	DANVILLE IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WRLLER, S RUSS	
STREET ADDRESS	356 HARMON BLVD	
CITY-ST-ZIP	DAYTON OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STICKEN, J.W.	
STREET ADDRESS	1328 CURTISS AVE.	
CITY-ST-ZIP	AMES IO	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BUTLER, ZENIA	
STREET ADDRESS	14075 FOOTHILL CIR	
CITY-ST-ZIP	GOLDEN CO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REED, CRAIG	
STREET ADDRESS	93 E. HILLCREST AVENUE	
CITY-ST-ZIP	CHALFONT PA 18914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 to an additional verified copy like empowered.

SIGNATURE: *[Signature]* 1/25/99 (941) 472-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)