

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **700200** (9)

1. Corporation Name

BAY COLONY PROPERTY OWNERS ASSOCIATION

Principal Place of Business

P.O. BOX 425
PO BOX 425
PALMETTO FL 34221

Mailing Address

P.O. BOX 425
PO BOX 425
PALMETTO FL 34221



100001846851

-06/03/96--01012--006

***61.25

3. Date Incorporated or Qualified **12/01/1959** 3a. Date of Last Report **04/28/1995**

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

9. Name and Address of Current Registered Agent

GARD, BARBARA E.
4900 ARLINGTON RD
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name **RON JONES**
82 Street Address (P.O. Box Number is Not Acceptable) **4911 Palmetto Pt. Dr.**
83
84 City **Palmetto** FL 85 Zip Code **34221**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable

NOTE: Registered Agent signature required when reinstating

DATE

2/28/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CFAC H, SANDRA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CONNER, LEONARD		1.2 NAME	4823 Beacon Rd.			
STREET ADDRESS	5203 COMMONWEALTH DR		1.3 STREET ADDRESS	PALMETTO FL. 34221			
CITY-ST-ZIP	PALMETTO, FL 00000		1.4 CITY-ST-ZIP				
TITLE	VC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, SALLY		2.2 NAME	Golden, Marty			
STREET ADDRESS	4911 ARLINGTON RD		2.3 STREET ADDRESS	PO Box 1269 927 ARLINGTON Rd.			
CITY-ST-ZIP	PALMETTO, FL 00000		2.4 CITY-ST-ZIP	Palmetto FL. 34221			
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRANER, RUTH		3.2 NAME	KRANER, Ruth			
STREET ADDRESS	5311 BEACON RD		3.3 STREET ADDRESS	5311 Beacon Rd			
CITY-ST-ZIP	PALMETTO, FL 00000		3.4 CITY-ST-ZIP	Palmetto FL. 34221			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D JONES, Ronald	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARD, BARBARA		4.2 NAME	4911 Palmetto Pt. Dr.			
STREET ADDRESS	4900 ARLINGTON RD		4.3 STREET ADDRESS	Palmetto FL. 34221			
CITY-ST-ZIP	PALMETTO, FL 00000		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HENDRICK, CALVIN		5.2 NAME	Hendrick Calvin			
STREET ADDRESS	4611 PALMETTO PT DR		5.3 STREET ADDRESS	4611 Palmetto Pt Dr			
CITY-ST-ZIP	PALMETTO, FL 00000		5.4 CITY-ST-ZIP	Palmetto FL. 34221			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RATHKE, BARBARA		6.2 NAME	Rathke BARBARA			
STREET ADDRESS	5212 BAY STATE ROAD		6.3 STREET ADDRESS	5212 Bay State Rd.			
CITY-ST-ZIP	PALMETTO, FL 00000		6.4 CITY-ST-ZIP	Palmetto FL. 34221			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

941-729-4805

CR2E037 (12/95)