FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BAY COLONY PROPERTY OWNERS ASSOCIATION						
Principal Place of Business		Mailing Address			I HEDITI PADAH DAHAI DAHAN TIDITI DOPIN	8414 81811 61811 81814 81814 81811 81811 18 1 1
P.O. BOX 425 PALMETTO FL 34221		P.O. BOX 425 PALMETTO FL 34220-0425				
					3. Date Incorporated or Qualified 12/01/1959	3a. Date of Last Report 05/01/1996
2. Principat Place of Business		2a. Mailing Address		4. FEI Number APPLICABLE	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #. etc		NOT ATTENDADEE	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Žip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	9. Name and Address of Current	Pagistered Agent	30]		Florida Statutes 10. Name and Address of New Re	
	a. Hallio and Addiess of Coffee	negistered Agent	81	Name	10. Hallie Bild Addiess of New No	Aistoiga Walii
IONES BON				700.0	1.5	
4911 PALMETTO POINT DR.			82	Street A	ddress (P.O. Box Number is Not Acceptat	ile)
	TO FL 34221		83			
			B4	City		■■ B5 Zip Code
						<u>FL</u>
11. Pursuant to the provisions of Socions 617.0502 and 617.0508, 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 title if explicable (NOTE 12. OFFICERS AND DIRECTORS			11E : Hegistered Ag	ent signature	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	C DELETE		1.1 TO LE			
NAME	FACH, SANDRA		1.2 NAME	1		
STREET ADDRESS	4823 BEACON RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			ST - ZIP		
TITLE	VC	1				Change Addition
NAME	GOLDEN, MARTY		2.2 NAME	Ì		
STREET ADDRESS	927 ARLINGTON RD		2.3 STREET ADDRESS			,
CITY-ST-ZIP TITLE	PALMETTO FL 34221	DELETE 3		ST-ZIP		Change Addition
NAME	KRANER, RUTH	_				Change Rodinon
STREET ADDRESS	5311 BEACON RD		3.2 NAME	TREET ADDRESS		
CITY-ST-ZIP		PALMETTO FL 34221		ST-ZIP		ì
TITLE	D	☐ DELETE 4		<u> </u>		Change Addition
NAME	Jones, Ronald		4. 2 NAME			
STREET ADDRESS	4911 PALMETTO POINT DR.		4.3 STREE	ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY -	ST - ZIP		
TITLE	D	Y DELETE	5.1 TITLE		2 / 6:5-	Change Addition
NAME	HENDRICK, CALVIN		5.2 NAME		FRANK SUITE Pt. D.	<i>2</i> .
STREET ADDRESS	PALMETTO FL 34221	DALMETTO EL OJOGA		ADDRESS	FRANK Seiz, Pt. D. 4811 PALMitto FL. PALMetto FL.	20221
CITY-ST-ZIP TITLE	N TALMETTO PL 39661	DELETE	5.4 CITY - :	ST - ZIP	IM-nello FL.	Change Addition
NAME	RATHKE, BARBARA		6.2 NAME			The change The vigition
STREET ADDRESS	CALA DAY ATATE DAAD		6.3 STREE	ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		6.4 CITY-5			
14. I do hereb	y certify that the information supplied		lify for the exe	emption sta	ated in Section 119.07(3)(i), Florida Statute	
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 oddress.						

ROMAKIE, JONES