

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **716838** (8)

1. Corporation Name

BAY COLONY PROTECTIVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1 COMPASS DR
FT LAUDERDALE FL 33308

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FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified
07/01/1969

3a. Date of Last Report
10/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2064592

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6 Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, STEPHEN J
321 S.E. 15 AVE.
FT. LAUDERDALE FL 33301**

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 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEGRI, CHARLES	
STREET ADDRESS	140 N. COMPASS DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOVACK, RON	
STREET ADDRESS	180 N. COMPASS DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIBATTISTA, ANDREW, J	
STREET ADDRESS	50 COMPASS LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LESTRANGE, BETTE	
STREET ADDRESS	80 BAY COLONY LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Joseph Kearns	
13 STREET ADDRESS	20 Compass Road	
14 CITY-ST-ZIP	Fort Lauderdale, Fl 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	400001817174	
43 STREET ADDRESS	-05/13/96--01001--002	
44 CITY-ST-ZIP	***61.25	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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

ANDREW J. DIBATTISTA, PRESIDENT

4/8/96

Date:

Daytime Phone: #

CR2E037 (12/95)