2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716838

FILED Apr 28, 2006 Secretary of State

Entity Name: BAY COLONY PROTECTIVE ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1 NORTH COMPASS DR **GUARD HOUSE** FT LAUDERDALE, FL 33308 **New Mailing Address: Current Mailing Address:** 1 NORTH COMPASS DR **GUARD HOUSE** FT LAUDERDALE, FL 33308 FEI Number: 59-2064592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALIBA, VAN A SALIBA, VAN A 701 E COMMERICAL BLVD 1 NORTH COMPASS DR **GUARD HOUSE** 4TH FLOOR FT. LAUDERDALE, FL 33308 US FT. LAUDERDALE, FL 33334 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOHNSON, BRUCE Name: Name: ONE NORTH COMPASS DR, GUARD HOUSE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SALIBA, VAN Name: Address: ONE NORTH COMPASS DR. GUARD HOUSE Address: City-St-Zip: FT LAUDERDALE,, FL 33308 City-St-Zip: Title: () Delete Title: (X) Change () Addition COPPOLA, ROBERT Name: CZUBAY, KENNETH Name: ONE NORTH COMPASS DR, GUARD HOUSE ONE NORTH COMPASS DR, GUARD HOUSE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308 () Delete Title: SD Title: (X) Change () Addition Name: MICHAELSON, SUSAN Name: MICHAELSON, SUSAN ONE NORTH COMPASS DR, GUARD HOUSE ONE NORTH COMPASS DR, GUARD HOUSE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAN SALIBA T 04/28/2006