## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716838** 

FILED May 07, 2008 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 DRIVE 701 E COMMERCIAL BLVD 4TH FLOOR GATEHOUSE FT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33308

FEI Number: 59-2064592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALIBA, VAN A MICHAELSON, SUSAN M 701 E COMMERICAL BLVD 101 BAY COLONY DRIVE 4TH FLOOR FORT 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: SUSAN MICHAELSON 05/07/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

FORT LAUDERDALE, FL 33308

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MICHAELSON, SUSAN MICHAELSON, SUSAN Name: Name:

ONE NORTH COMPASS DR, GUARD HOUSE Address: ONE NORTH COMPASS DR, GUARD HOUSE Address:

City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: Title: **PRES** (X) Change ( ) Addition () Delete SALIBA, VAN Name: DIBATTISTA, ANDREW Name:

Address: ONE NORTH COMPASS DR. GUARD HOUSE Address: ONE NORTH COMPASS DR. GUARD HOUSE

City-St-Zip: FT LAUDERDALE,, FL 33308 City-St-Zip: FT LAUDERDALE,, FL 33308

Title: () Delete Title: SECY (X) Change ( ) Addition

LEDWIDGE, THOMAS Name: LEDWIDGE, THOMAS 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

() Change () Addition

Title: (X) Delete Title: CAIRD, CINDY Name: Name: ONE NORTH COMPASS DR, GUARD HOUSE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SUSAN MICHAELSON **TREA** 05/07/2008

Electronic Signature of Signing Officer or Director

Date