

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 # **717251** (3)
1. Corporation Name
BAY COLONY CLUB CONDOMINIUM INC.



Principal Place of Business: **6333 BAY CLUB DRIVE FORT LAUDERDALE FL 33308**
Mailing Address: **6333 BAY CLUB DRIVE FORT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **09/25/1969**
3a. Date of Last Report: **04/06/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number 59-1581376	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
25	Country	29	Country					
30								

9. Name and Address of Current Registered Agent

**RON D'ANNA
MATTIN & MCCLOSKEY
5355 TOWNCENTER ROAD #901
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUTH, GEORGE	1.2 NAME	PARROTT, RUSSELL
STREET ADDRESS	6471-1 BAY CLUB DR.	1.3 STREET ADDRESS	6315-2 BAY CLUB DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARDI, LESLEY	2.2 NAME	DEBARTOLA, DEE
STREET ADDRESS	3108 N.E. 22ND ST.	2.3 STREET ADDRESS	6201-2 BAY CLUB DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOZZOLI, LOUIS	3.2 NAME	
STREET ADDRESS	6363-1 BAY CLUB DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIDAY, BRIAN	4.2 NAME	
STREET ADDRESS	6305-4 BAY CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, PAUL	5.2 NAME	
STREET ADDRESS	6437-2 BAY CLUB DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDAstri, ERNEST	6.2 NAME	
STREET ADDRESS	6439-4 BAY CLUB DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	6.4 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: _____ DATE: **3/19/96** (305) 491-4046

CR2E037 (12/95)