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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 717251

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1581376	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RON D'ANNA MATTLIN & MCCLOSKEY 5355 TOWNCENTER ROAD #901 BOCA RATON FL 33486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				2300 Glades Road, Suite 400			
				84	City	FL	85
Boca Raton			33431				

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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAUTH, GEORGE			1.2 NAME	Beauchamp, John		
STREET ADDRESS	6471-1 BAY CLUB DR.			1.3 STREET ADDRESS	6471-4 Bay Club Drive		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIMARTINO, JOAN			2.2 NAME	Passionino, Deborah		
STREET ADDRESS	6451-3 BAY CLUB DR			2.3 STREET ADDRESS	6231-1 Bay Club Drive		
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOGDAN, NANCY			3.2 NAME	Resk, Richard		
STREET ADDRESS	6407-3 BAY CLUB DR			3.3 STREET ADDRESS	6525-1 Bay Club Drive		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, ROBERT			4.2 NAME	Borum, William		
STREET ADDRESS	6361-4 BAY CLUB DR			4.3 STREET ADDRESS	6381-4 Bay Club Drive		
CITY-ST-ZIP	FT LAUDERDALE FL 33308			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEGETT, JACK			5.2 NAME	Aloisi, Alfred		
STREET ADDRESS	6525-2 BAY CLUB DR			5.3 STREET ADDRESS	6529-4 Bay Club Drive		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOMBARDI, LESLEY			6.2 NAME	Lombardi, Lesley		
STREET ADDRESS	6419-2 BAY CLUB DR			6.3 STREET ADDRESS	6419-2 Bay Club Drive		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William J. Borum* (954) 491-4040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)