

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90012 021 \*\*\*\*61.25

**DOCUMENT # 717251**

1. Entity Name

**BAY COLONY CLUB CONDOMINIUM INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6333 BAY CLUB DRIVE FORT LAUDERDALE FL 33308	Mailing Address 6333 BAY CLUB DRIVE FORT LAUDERDALE FL 33308-1601
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>59-1581376</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**RON D'ANNA**  
**2300 GLADES RD. SUITE 400**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LAUTH, GEORGE</b>
STREET ADDRESS	<b>6471-1 BAY CLUB DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PASSIONINO, DEBORAH</b>
STREET ADDRESS	<b>6231-1 BAY CLUB DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>RESK, RICHARD</b>
STREET ADDRESS	<b>6525-1 BAY CLUB RD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BORUM, WILLIAM</b>
STREET ADDRESS	<b>6381-4 BAY CLUB DR.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ALOISI, ALFRED</b>
STREET ADDRESS	<b>6529-4 BAY CLUB DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOMBARDI, LESLEY</b>
STREET ADDRESS	<b>6419-2 BAY CLUB DR</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b>
STREET ADDRESS	<b>Holland, Sean</b>
CITY-ST-ZIP	<b>6419-4 Bay Club Drive Ft. Lauderdale, FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Resk, Richard</b>
CITY-ST-ZIP	<b>6525-1 Bay Club Drive Ft. Lauderdale, FL 33308</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T</b>
STREET ADDRESS	<b>Delaney, William</b>
CITY-ST-ZIP	<b>6353-1 Bay Club Drive Ft. Lauderdale, FL 33308</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V</b>
STREET ADDRESS	<b>Slota, Sam</b>
CITY-ST-ZIP	<b>6311-1 Bay Club Drive Ft. Lauderdale, FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>
STREET ADDRESS	<b>Lombardi, Lesley</b>
CITY-ST-ZIP	<b>6419-2 Bay Club Drive Ft. Lauderdale, FL 33308</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *William E. Delaney* **WILLIAM E. DELANEY** **5/1/00** **954 928 1889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

0037925

*Attachment  
849537*

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FORT LAUDERDALE FL 33308      FORT LAUDERDALE FL 33308-1601

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City & State      City & State  
Zip      Country      Zip      Country



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5. Certificate of Status Desired       \$8.75 Additional Fee Required

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STREET ADDRESS	6419-2 BAY CLUB DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adler, Stacie	
STREET ADDRESS	6379-2 Bay Club Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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