

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 720559

1. Entity Name

BAY COLONY OF BAL HARBOUR, INC.



Principal Place of Business

220 BAL BAY DRIVE
BAL HARBOUR, FL 33154

Mailing Address

220 BAL BAY DRIVE
BAL HARBOUR, FL 33154



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1917332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOBY, JOHN LANG
220 BAL BAY DRIVE
BAL HARBOUR, FL 33154

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-filing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOOBY, JOHN LANG
STREET ADDRESS	220 BAL BAY DRIVE
CITY-STATE-ZIP	BAL HARBOUR, FL
TITLE	VD
NAME	LEE, CATHERINE
STREET ADDRESS	10245 COLLINS
CITY-STATE-ZIP	BAL HARBOUR, FL
TITLE	TD
NAME	PETERSON, HELEN
STREET ADDRESS	284 BAL CROSS DRIVE
CITY-STATE-ZIP	BAL HARBOUR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/15/04-80008-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #