

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 # N11406 (8)

1. Corporation Name

BAY COLONY OWNERS ASSOCIATION, INC.



Principal Place of Business

**500 N. BAY COLONY DRIVE
JUNO BEACH FL 33408**

Mailing Address

**500 N. BAY COLONY DRIVE
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified
10/02/1985

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2615429

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATEMAN, J.B.
525 BAY COLONY DR. N.
SUITE 800
JUNO BEACH FL 33408**

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

J.B. Bateman
Signature, typed or printed name of registered agent and, if applicable, (P.O. Box Number is Not Acceptable)

(P.O. Box Number is Not Acceptable)

DATE

3/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **P**
STREET ADDRESS **VAN DERSTINE, D.E.**
CITY-ST-ZIP **535 BAY COLONY DRIVE N.
JUNO BEACH FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE

21 TITLE ☒ Change ☐ Addition

NAME **VP**
STREET ADDRESS **KINO, HANNA**
CITY-ST-ZIP **511 BAY COLONY DRIVE N.
JUNO BEACH FL**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Patricia Camara
122 Bay Colony Dr. N.
Juno Beach, Fla. 33408

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **FILLARAMO, NICK**
CITY-ST-ZIP **114 BAY COLONY DR. N.
JUNO BEACH FL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME **ST**
STREET ADDRESS **BLACKWOOD, LINDA**
CITY-ST-ZIP **531 BAY COLONY DR., N.
JUNO BEACH FL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **STEWART, CHET**
CITY-ST-ZIP **533 BAY COLONY DR. N.
JUNO BEACH FL**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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:

Diana A. Bentive
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407-624-5888
Daytime Phone #

CR2E037 (12/95)