

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90002 039 ****61.25

DOCUMENT # N11406

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/02/1985

4. FEI Number

59-2615429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE V
NAME HIGGINS, JOHN
STREET ADDRESS 534 N BAY COLONY DR
CITY-ST-ZIP JUNO BEACH FL 33408
☐ DELETE

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Albert Schneider
1.3 STREET ADDRESS 544 Bay Colony Dr. N.
1.4 CITY-ST-ZIP JUNO Beach, FL 33408
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)