

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90264 039 \*\*\*\*61.25

**DOCUMENT # N11406**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2615429**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILLORAMO, NICHOLAS  
114 BAY COLONY DR N  
JUNO BEACH, FL 33408**

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. 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
NAME SCHNEIDER, ALBERT  
STREET ADDRESS 544 BAY COLONY DR N  
CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HIGGINS, JOHN  
STREET ADDRESS 384 CARRIAGE LN  
CITY-ST-ZIP WYCKOFF, NJ 07481

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME MMLUSKEY, JAMES  
STREET ADDRESS 532 BAY COLONY DR N  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FLETCHER, VINCENT  
STREET ADDRESS 543 BAY COLONY DR N  
CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME **PERSSON, GEORMA**  
STREET ADDRESS **27 GREENFIELD DRIVE**  
CITY-ST-ZIP **LAKEWOOD, NJ 08701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**3/16/06**  
Date

**561  
622 6081**  
Daytime Phone #