

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716838

**Entity Name:** BAY COLONY PROTECTIVE ASSOCIATION, INC.

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC5239928414**

**Current Principal Place of Business:**

1 NORTH COMPASS DR  
GUARD HOUSE  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

1 NORTH COMPASS DRIVE  
GATEHOUSE  
FORT LAUDERDALE, FL 33308

**FEI Number: 59-2064592**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

IVERSEN, LINDA  
31 S COMPASS DR  
FORT LAUDERDALE, FL 33308 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            TREA  
Name            IVERSEN, LINDA  
Address        ONE NORTH COMPASS DR, GUARD  
                  HOUSE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            PRES  
Name            DIBATTISTA, ANDREW  
Address        ONE NORTH COMPASS DR, GUARD  
                  HOUSE  
City-State-Zip: FT LAUDERDALE, FL 33308

Title            SECY  
Name            CAIRD, CYNTHIA  
Address        1 NORTH COMPASS DRIVE  
                  GATEHOUSE  
City-State-Zip: FORT LAUDERDALE FL 33308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA IVERSEN**

**TREASURER**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date