

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90357 032 ****61.25

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DOCUMENT # 700200 1. Entity Name BAY COLONY PROPERTY OWNERS ASSOCIATION					
Principal Place of Business P.O. BOX 425 PALMETTO, FL 34221			Mailing Address P.O. BOX 425 PALMETTO, FL 34221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANESE, RICHARD 4827 ARLINGTON ROAD PALMETTO, FL 34221				Name Debra Childs Waithe Street Address (P.O. Box Number is Not Acceptable) 5115 Palmetto Pt. Drive City Palmetto FL Zip Code 34221	
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 <u>Debra Waithe</u> Debra Waithe 04/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VCD ADAMS, PAT 5112 BAY STATE RD PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YCD Coveyduck, Victor 5203 Palmetto Pt. Dr. Palmetto, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGLE, WANDA 5111 BAY STATE PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Waithe, Debra 5115 Palmetto Pt. Dr. Palmetto, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANESE, RICHARD 4827 ARLINGTON RD PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Adams, Pat 5112 Bay State Rd. Palmetto, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOYER, MICHAEL 4717 PALMETTO POINT DR PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: Debra Waithe Debra Waithe 04/19/06 (941)722-7130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					