

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700200

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BAY COLONY PROPERTY OWNERS ASSOCIATION

**Current Principal Place of Business:**

P.O. BOX 425  
PALMETTO, FL 34221

**New Principal Place of Business:**

5112 BAY STATE RD  
PALMETTO, FL 34221

**Current Mailing Address:**

P.O. BOX 425  
PALMETTO, FL 34221

**New Mailing Address:**

P.O. BOX 425  
PALMETTO, FL 34220

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WOITHE, DEBRA C  
5115 PALMETTO PT DR  
PALMETTO, FL 34221 US

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

WALKER, PATRICIA A  
5112 BAY STATE RD  
PALMETTO, FL 34221 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: PATRICIA A. WALKER

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VCD ( ) Delete  
Name: FRASER, JAMES  
Address: 4909 BEACON RD.  
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete  
Name: GRIGGS, EVELYN  
Address: 5411 PALMETTO PT DR.  
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete  
Name: WOITHE, DEBRA  
Address: 5115 PALMETTO PT DR  
City-St-Zip: PALMETTO, FL 34221

Title: CD ( ) Delete  
Name: ADAMS, PAT  
Address: 5112 BAYSTATE RD  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VCD (X) Change ( ) Addition  
Name: KRANER, RUTH  
Address: 5311 BEACON RD.  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WALKER, ANTHONY  
Address: 5112 BAY STATE RD  
City-St-Zip: PALMETTO, FL 34221

Title: CD (X) Change ( ) Addition  
Name: WALKER, PATRICIA  
Address: 5112 BAY STATE RD  
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A. WALKER

CD

04/29/2009

Electronic Signature of Signing Officer or Director

Date