

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720559 (4)
 1. Corporation Name
BAY COLONY OF BAL HARBOUR, INC.



Principal Place of Business 220 BAL BAY DRIVE BAL HARBOUR FL 33154	Mailing Address 220 BAL BAY DRIVE BAL HARBOUR FL 33154
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3. Date Incorporated or Qualified 03/22/1971	
4. FEI Number 59-1917332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

LOOBY, JOHN LANG
 220 BAL BAY DRIVE
 BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOOBY, JOHN LANG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 BAL BAY DRIVE	1.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LEE, CATHERINE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10245 COLLINS	2.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LOOBY, ROBERT K.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 BAL BAY DRIVE	3.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PETERSON, ANN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10698 N.E. 6TH AVENUE	4.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD PETERSON, HELEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	284 BAL CROSS DRIVE	5.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

1/13/98

CR2E037 (10/97)