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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720559

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1971

4. FEI Number

59-1917332

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

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 office 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOOBY, JOHN LANG	
STREET ADDRESS	220 BAL BAY DRIVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, CATHERINE	
STREET ADDRESS	10245 COLLINS	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOOBY, ROBERT K.	
STREET ADDRESS	220 BAL BAY DRIVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETERSON, ANN	
STREET ADDRESS	10698 N.E. 6TH AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETERSON, HELEN	
STREET ADDRESS	284 BAL CROSS DRIVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNED

1-28-99

Date

Daytime Phone #

CR2E037 (11/98)