


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 720559  
 1. Entity Name  
 BAY COLONY OF BAL HARBOUR, INC.



Principal Place of Business      Mailing Address  
 220 BAL BAY DRIVE              220 BAL BAY DRIVE  
 BAL HARBOUR, FL 33154        BAL HARBOUR, FL 33154

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1917332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOOBY, JOHN LANG  
 220 BAL BAY DRIVE  
 BAL HARBOUR, FL 33154

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOOBY, JOHN LANG 220 BAL BAY DRIVE BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEE, CATHERINE 10245 COLLINS BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PETERSON, HELEN 284 BAL CROSS DRIVE BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000310508  
 04/18/05-80006-017 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Lang Looby      4/16/05      Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #