2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #720559

1. Entity Name BAY COLONY OF BAL HARBOUR, INC.



Mailing Address

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

220 BAL BAY DRIVE BAL HARBOUR, FL 33154

FILED Apr 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03272007 No Chg-NP C

CR2E037 (4/06)

4. FEI Number 59-1917332

Applied For Not Applicable

5. Certificate of Status Desired

\$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				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOOBY, JOHN LANG 220 BAL BAY DRIVE BAL HARBOUR, FL				000000687698	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VD LEE, CATHERINE 10245 COLLINS BAL HARBOUR, FL				04/10/07-80049-017 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, HELEN 284 BAL CROSS DRIVE BAL HARBOUR, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 path; that I am an officer or director						

12. Thereby denty that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Turtier certify that I am 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 peceiver 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

BNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRE

36707

305-866-5992

Daytime Phone #