

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90044 011 ****61.25

DOCUMENT # 756732

1. Entity Name

BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVE.
 MIAMI FL 33136
 US**

**C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVE.
 MIAMI FL 33186-6715
 US**

814840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2133207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNNELL RICHARD
 1620 S. BAYSHORE COURT
 UNIT #6
 MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

**STD
 BURGETT, GEORGE
 3581 E. GLENCOE ST., #203
 MIAMI FL**

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

**PD
 BUNNELL, RICHARD
 1620 S. BAYSHORE COURT, #6
 MIAMI FL 33133**

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

**VPD
 FERNANDES, MARCELO
 1620 S. BAYSHORE COURT #1
 MIAMI FL**

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

STREET ADDRESS

TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Delete

STREET ADDRESS

TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

CITY-ST-ZIP

i2. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 305
 594-9900

CR2E037 (9/99)