
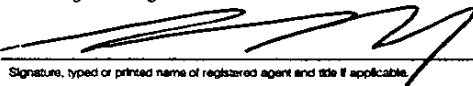
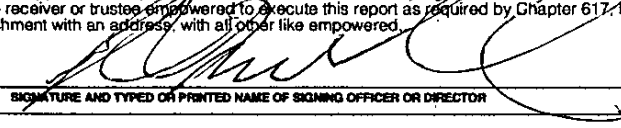


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 044 \*\*\*\*61.25

<b>DOCUMENT # 756732</b> 1. Entity Name <b>BAY COLONY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT INC</b> <b>14275 SW 142 AVE.</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>C/O MIAMI MANAGEMENT INC</b> <b>14275 SW 142 AVE.</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2133207</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUNNELL RICHARD</b> <b>1620 S. BAYSHORE COURT</b> <b>UNIT #6</b> <b>MIAMI, FL 33133</b>				Name <b>CARLOS A. TRIAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3750 NW 87 AVE</b> <b>SUITE 100</b> City <b>DORAL</b> <b>FL</b> Zip Code <b>33178</b>	
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  DATE <b>5/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUNNELL, RICHARD</b> <b>1620 S. BAYSHORE COURT, #6</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>STEWART, MEREDITH</b> <b>1620 S. BAYSHORE COURT #5</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FORSSBERG, MARY</b> <b>3581 E. GLENCOE STREET #206</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BLOCH, JASON</b> <b>3581 E. GLENCOE ST #205</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PORTNOY, RACHEL</b> <b>3581 E. GLENCOE STREET #205</b> <b>MIAMI, FL 33133</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KATZ, PAIGE</b> <b>3581 E. GLENCOE ST #203</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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:  DATE <b>5/20/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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05042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2133207

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 CARLOS A. TRIAY  
Street Address (P.O. Box Number is Not Acceptable)  
3750 NW 87 AVE  
SUITE 100  
City DORAL FL Zip Code 33178

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUNNELL, RICHARD</b> <b>1620 S. BAYSHORE COURT, #6</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete
SD <b>FORSSBERG, MARY</b> <b>3581 E. GLENCOE STREET #206</b> <b>MIAMI, FL 33133</b>	Correction	<input type="checkbox"/> Delete
TD <b>PORTNOY, RACHEL</b> <b>3581 E. GLENCOE STREET #205</b> <b>MIAMI, FL 33133</b>		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>STEWART, MEREDITH</b> <b>1620 S. BAYSHORE COURT #5</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D <b>BLOCH, JASON</b> <b>3581 E. GLENCOE ST #205</b> <b>MIAMI, FL 33133</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D <b>KATZ, PAIGE</b> <b>3581 E. GLENCOE ST #203</b> <b>MIAMI, FL 33133</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #