

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 001 ****61.25

DOCUMENT # 756732					
1. Entity Name BAY COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1620 SOUTH BAYSHORE CT SUITE 5 MIAMI, FL 33133 US			Mailing Address C/O LMM, INC. PO BOX 330971 MIAMI, FL 33133 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2133207	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD HOLLYWOOD, FL 33312			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VP	NAME STEWART, MEREDITH		TITLE VP	NAME VP	
STREET ADDRESS 1620 SOUTH BAYSHORE CT SUITE 5	STREET ADDRESS 1620 SOUTH BAYSHORE CT SUITE 5		STREET ADDRESS 8 Museum Way	STREET ADDRESS Cambridge, MASS 02141	
CITY-ST-ZIP MIAMI, FL 33133	CITY-ST-ZIP MIAMI, FL 33133		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE SD	NAME FORSSBERG, MARY		TITLE PRES	NAME Eric Levy	
STREET ADDRESS 3581 E. GLENCOE STREET #206	STREET ADDRESS 3581 E. GLENCOE STREET #206		STREET ADDRESS 1620 S Bayshore Lane #1	STREET ADDRESS 1620 S Bayshore Lane #1	
CITY-ST-ZIP MIAMI, FL 33133	CITY-ST-ZIP MIAMI, FL 33133		CITY-ST-ZIP 	CITY-ST-ZIP Miami 33133	
TITLE TD	NAME GA MAURICE		TITLE Sec/Treas	NAME Richard Bunnell	
STREET ADDRESS 1620 S BAYSHORE CT SUITE 4	STREET ADDRESS 1620 S BAYSHORE CT SUITE 4		STREET ADDRESS 1620 S Bayshore Lane #6	STREET ADDRESS 1620 S Bayshore Lane #6	
CITY-ST-ZIP MIAMI, FL 33133	CITY-ST-ZIP MIAMI, FL 33133		CITY-ST-ZIP 	CITY-ST-ZIP Miami 33133	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
12. I hereby 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 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: _____ <i>Sec/Treas 2/7/08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					