

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **F71350** (5)

1. Corporation Name

BAY COLONY HOMES, INC.

95 JUL -5 AM 8:42

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US**

Mailing Address

**C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1982

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0102062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has elected to be taxed under C, 100, S22,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**PERLMAN & FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent is printed name of registered agent and the filer's signature)

(Signature of Agent is printed name of registered agent and the filer's signature)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	KEHRMANN, KARL HEINZ
STREET ADDRESS	120 COMPASS DRIVE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	KEHRMANN, MARIESE
STREET ADDRESS	120 COMPASS DRIVE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

KARL HEINZ KEHRMANN

03-17-95