


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90121 024 ***158.75

| | | | | | |
|---|------------------------------------|--|--|---|-----------------------------------|
| DOCUMENT # F73634 | | | |  | |
| 1. Entity Name BAY COLONY APARTMENT CORPORATION | | | | | |
| Principal Place of Business 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 US | | | Mailing Address 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 US | | |
| 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 59-2378399 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LINCOLN, TIMOTHY C. ESQ. DOWNTOWN LEGAL CENTER 46 NE 6TH STREET MIAMI FL 33132 | | | 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) DATE _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIAZ, MAYRA | | NAME | | |
| STREET ADDRESS | 5601 N DIXIE HWY STE 420 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MUDD, JOHN | | NAME | | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | | CITY-ST-ZIP | | |
| TITLE | VPDS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIAZ, MAYRA | | NAME | | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LINCOLN, TIMOTHY | | NAME | | |
| STREET ADDRESS | 5601 NORTH DIXIE HIGHWAY SUITE 420 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 607, 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: Timothy C. Lincoln **Timothy C. Lincoln** **3/1/05** **(305) 755-9295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #