

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2378399**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LINCOLN, TIMOTHY C ESQ.
LINCOLN ESQ, P.A.
46 NE 6TH STREET
MIAMI FL 33132

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: T ☐ Delete
NAME: DIAZ, MAYRA
STREET ADDRESS: 5601 N DIXIE HWY STE 420
CITY- ST- ZIP: FORT LAUDERDALE FL 33334

TITLE: VPDS ☐ Delete
NAME: DIAZ, MAYRA
STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY SUITE 420
CITY- ST- ZIP: FORT LAUDERDALE FL 33334

TITLE: VPD ☐ Delete
NAME: LINCOLN, TIMOTHY
STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY SUITE 420
CITY- ST- ZIP: FORT LAUDERDALE FL 33334

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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, V.P.

March 14, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #