

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000254

1. Entity Name
BAY COLONY OVERSIGHT, INC.



Principal Place of Business
542 BAY COLONY DRIVE
JUNO BEACH, FL 33408

Mailing Address
542 BAY COLONY DRIVE
JUNO BEACH, FL 33408



03062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0976571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, AL
542 BAY COLONY DRIVE
JUNO BEACH, FL 33408

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, TOM 223 BAY COLONY DRIVE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHNEIDER, ALBERT 544 BAY COLONY DRIVE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITE, FRANK 242 BAY COLONY DRIVE NORTH JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80044-015-61.25

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IN THIS SPACE**

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:

ALBERT SCHNEIDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

Daytime Phone #