2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N05000001347

Entity Name: BAY COLONY SHARED SERVICES CORP.

Current Principal Place of Business:

9740 BENT GRASS BEND
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

9740 BENT GRASS BEND
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-4493780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAY COLONY SHARED SVCS. CORP.
9740 BENT GRASS BEND
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FAGAN, BETTY
Address: 7215 TORY LANE
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: NELSON, MICHAEL
Address: 8700 BAY COLONY DR.
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: THIRION, JEROME
Address: 9740 BENT GRASS BEND
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: ROSENBERG, KIM
Address: 8665 BAY COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: MAZZITELLI, MARTHA
Address: 9740 BENT GRASS BEND
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MUSHKIN, ROBERT
Address: 8700 BAY COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA MAZZITELLI CFO 05/01/2009

Electronic Signature of Signing Officer or Director — Date