

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001347

FILED  
Mar 17, 2011  
Secretary of State

**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 ( )**

**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  
**Name:** FAGAN, BETTY  
**Address:** 7215 TORY LANE  
**City-St-Zip:** NAPLES, FL 34108

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

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

**Title:** D  
**Name:** MUSHKIN, ROBERT  
**Address:** 8700 BAY COLONY DRIVE  
**City-St-Zip:** NAPLES, FL 34108

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARTHA MAZZITELLI

CFO

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date