

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90264 039 ****61.25

DOCUMENT # N11406



1. Entity Name
BAY COLONY OWNERS ASSOCIATION, INC.

Principal Place of Business
**500 N. BAY COLONY DRIVE
 JUNO BEACH, FL 33408**

Mailing Address
**500 N. BAY COLONY DRIVE
 JUNO BEACH, FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2615429

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILLORAMO, NICHOLAS
 114 BAY COLONY DR N
 JUNO BEACH, FL 33408**

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD Delete
 NAME SCHNEIDER, ALBERT
 STREET ADDRESS 544 BAY COLONY DR N
 CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE VP Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HIGGINS, JOHN
 STREET ADDRESS 384 CARRIAGE LN
 CITY-ST-ZIP WYCKOFF, NJ 07481

TITLE T Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME FILLARAMO, NICK
 STREET ADDRESS 114 BAY COLONY DR. N.
 CITY-ST-ZIP JUNO BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME MMLUSKEY, JAMES
 STREET ADDRESS 532 BAY COLONY DR N
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME FLETCHER, VINCENT
 STREET ADDRESS 543 BAY COLONY DR N
 CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE S Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME **PERSON, GEORMA**
 STREET ADDRESS **27 GREENFIELD DRIVE**
 CITY-ST-ZIP **LAKEWOOD, NJ 08701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06
 Date

561 622 6081
 Daytime Phone #