


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-09-2007 90083 013 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N11406 1. Entity Name BAY COLONY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 500 N. BAY COLONY DRIVE JUNO BEACH, FL 33408	Mailing Address 500 N. BAY COLONY DRIVE JUNO BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2615429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	VP SCHNEIDER, ALBERT 544 BAY COLONY DR N JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, JOHN 384 CARRIAGE LN WYCKOFF, NJ 07481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILLARAMO, NICK 114 BAY COLONY DR. N. JUNO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, VINCENT 543 BAY COLONY DR N JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSSON, GELORMA 27 GREENSFIELD DR LAKEWOOD, NJ 08701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an attachment with an address, with all other, being empowered.

SIGNATURE: *Nicholas Filloramo* Date: 4/20/07 561 622 6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR