


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

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

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

Filing Fee is **\$81.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000854240  
 03/26/08-80100-020 61.25

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 on an attachment with an address with all other like empowered.

SIGNATURE: Nicholas Filloramo Jan 10, 2008 (561) 622-6081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #