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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002610 (2)**

1. Corporation Name

BAY COLONY MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**500 BAY COLONY DR N
JUNO BEACH FL 33408**

**500 BAY COLONY DR N
JUNO BEACH FL 33408-2151**



3. Date Incorporated or Qualified **05/26/1995** 3a. Date of Last Report **07/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

4. FEI Number **65-0644733** Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATEMAN, J.B.
525 BAY COLONY DR N
JUNO BEACH FL 33408**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **5/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MURRAY, M. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <i>William R. Robinson</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, M.	1.2 NAME	<i>William R. Robinson</i>
STREET ADDRESS	100 BAY COLONY DR N	1.3 STREET ADDRESS	<i>541 N. Bay Colony Dr</i>
CITY - ST - ZIP	JUNO BEACH FL 33408	1.4 CITY - ST - ZIP	<i>Juno Beach, FL 33408</i>
TITLE	SD ELLARAMO, JOAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <i>Donna Schneider</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLARAMO, JOAN	2.2 NAME	<i>Donna Schneider</i>
STREET ADDRESS	114 N BAY COLONY DR	2.3 STREET ADDRESS	<i>541 N. Bay Colony Dr</i>
CITY - ST - ZIP	JUNO BEACH FL 33408	2.4 CITY - ST - ZIP	<i>Juno Beach, FL 33408</i>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, J.B.	3.2 NAME	
STREET ADDRESS	525 N BAY COLONY DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL 33408	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5/8/97** AREA: **561-725-3846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0040531**

CR2E037 (9/96)