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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002610

1. Corporation Name

BAY COLONY MARINA ASSOCIATION, INC.

Principal Place of Business

500 BAY COLONY DR N
 JUNO BEACH FL 33408

Mailing Address

500 BAY COLONY DR N
 JUNO BEACH FL 33408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/26/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number --
 65-0644733

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name *J.B. Bateman*
 82 Street Address (P.O. Box Number is Not Acceptable)
525 N. Bay Colony Dr
 83
 84 City *Juno Beach* FL 85 Zip Code *33408*

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

J.B. Bateman

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KING, JOHN	
STREET ADDRESS	511 BAY COLONY NORTH	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<i>V.P.</i> SCHNEIDER, ALBERT	
STREET ADDRESS	544 BAY COLONY DRIVE NORTH	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<i>J.M.S.</i> BATEMAN, J.B.	
STREET ADDRESS	525 N BAY COLONY DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<i>Mrs</i> Nichols Fillarano	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	114 Bay Colony Dr N.	
1.3 STREET ADDRESS	Juno Beach, Fla. 33408	
1.4 CITY-ST-ZIP		
2.1 TITLE	Director <i>W.M. Robinson</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Director</i> 541 Bay Colony Dr. N.	
2.3 STREET ADDRESS	Juno Beach, Fla. 33408	
2.4 CITY-ST-ZIP		
3.1 TITLE	<i>Director</i> Ben Cammerata	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	75 Edinburgh Dr	
3.3 STREET ADDRESS	Palm Beach Gardens, Fla 33418	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

J.B. Bateman REQUIRED

4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)