

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002610

1. Entity Name

BAY COLONY MARINA ASSOCIATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90093 006 ****61.25

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0644733	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BATEMAN, J.B. 525 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.

SIGNATURE	Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE 4/8/00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ALBERT	NAME	
STREET ADDRESS	544 BAY COLONY DRIVE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, J.B.	NAME	
STREET ADDRESS	525 N BAY COLONY DR	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLARAMO, NICHOLAS	NAME	
STREET ADDRESS	114 BAY COLONY DR N	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, W.D.	NAME	
STREET ADDRESS	511 BAY COLONY NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMERATA, BEN	NAME	
STREET ADDRESS	511 BAY COLONY NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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:	REQUIRED	DATE 4/8/00	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/99)