

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000002610**

1. Entity Name

**BAY COLONY MARINA ASSOCIATION, INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90114 041 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business                | Mailing Address                            |
| 500 BAY COLONY DR N<br>JUNO BEACH FL 33408 | 500 BAY COLONY DR N<br>JUNO BEACH FL 33408 |

**925359**

DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|               |                |
|---------------|----------------|
| 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             |
| BATEMAN, J.B.<br>525 BAY COLONY DR N<br>JUNO BEACH FL 33408 |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| 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

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | SCHNEIDER, ALBERT          |                                 |
| STREET ADDRESS | 544 BAY COLONY DRIVE NORTH |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408        |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | BATEMAN, J.B.              |                                 |
| STREET ADDRESS | 525 N BAY COLONY DR        |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408        |                                 |
| TITLE          | P                          | <input type="checkbox"/> Delete |
| NAME           | FILLARAMO, NICHOLAS        |                                 |
| STREET ADDRESS | 114 BAY COLONY DR N        |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408        |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | ROBINSON, W.D.             |                                 |
| STREET ADDRESS | 511 BAY COLONY NORTH       |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408        |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | CAMMERATA, BEN             |                                 |
| STREET ADDRESS | 511 BAY COLONY NORTH       |                                 |
| CITY-ST-ZIP    | JUNO BEACH FL 33408        |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)