

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90039 019 ****61.25

DOCUMENT # N95000002610

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0644733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

ALBERT SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)

544 BAY COLONY DR. North

City

JUNO BEACH

FL

Zip Code

33408

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

Albert Schneider

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

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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** ☐ Delete
 NAME **SCHNEIDER, ALBERT**
 STREET ADDRESS **544 BAY COLONY DRIVE NORTH**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **BATEMAN, J.B.**
 STREET ADDRESS **525 N BAY COLONY DR**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **FILLARAMO, NICHOLAS**
 STREET ADDRESS **114 BAY COLONY DR N**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROBINSON, W.D.**
 STREET ADDRESS **511 BAY COLONY NORTH**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CAMMERATA, BEN**
 STREET ADDRESS **511 BAY COLONY NORTH**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

Albert Schneider
SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

561-775-9876

CR2E037 (9/01)