



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005138	
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1. Entity Name NORTH BAY COLONY CONDOMINIUM ASSOCIATION, INC.	Principal Place of Business 200 BAY COLONY DRIVE NORTH JUNO BEACH, FL 33408	Mailing Address 200 BAY COLONY DRIVE NORTH JUNO BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0693772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELL, THOMAS J 200 BAY COLONY DRIVE NORTH JUNO BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas J Bell President DATE 1/5/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000783907 01/16/08-80034-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME BELL, THOMAS J
STREET ADDRESS 223 BAY COLONY DRIVE NORTH	CITY-ST-ZIP JUNO BEACH, FL 33408
TITLE VP	NAME ANTHONY, DAN
STREET ADDRESS 235 BAY COLONY DRIVE NORTH	CITY-ST-ZIP JUNO BEACH, FL 33408
TITLE T	NAME FORMICHELLA, DAVID
STREET ADDRESS 234 BAY COLONY DRIVE NORTH	CITY-ST-ZIP JUNO BEACH, FL 33408
TITLE DIR	NAME GOLDREYER, DANIEL
STREET ADDRESS 225 BAY COLONY DRIVE NORTH	CITY-ST-ZIP JUNO BEACH, FL 33408
TITLE DIR	NAME WHITE, FRANK
STREET ADDRESS 242 BAY COLONY DRIVE NORTH	CITY-ST-ZIP JUNO BEACH, FL 33408
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas J Bell President DATE 1/5/08 DAYTIME PHONE 561 799 6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR