

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # N98000006073

1. Entity Name

**BAY COLONY CONDOMINIUM ASSOCIATION OF VERO
BEACH, INC.**



Principal Place of Business

Mailing Address

**C/O BREFFNI MANAGEMENT
2925 CARDINAL DR SUITE C
VERO BEACH FL 32963**

**C/O BREFFNI MANAGEMENT
2925 CARDINAL DR SUITE C
VERO BEACH FL 32963**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3478443

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

**MCENEREY, PARTICIA C
C/O BREFFNI M
2925 CARDINAL DR SUITE C
VERO BEACH FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when instituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**VPD
DEUBEL, HANS
1450 OCEAN DR.
VERO BEACH FL 32963**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**TD
MORROW, LEN
1450 OCEAN DRIVE
VERO BEACH FL 31962**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**PD
GRAVENS, GENE
1450 OCEAN DR.
VERO BEACH FL 32963**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**ASD
MCEMEY, PATRICIA
101V PAITRAS DR.
VERO BEACH FL 32963**

TITLE
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☐ Change ☐ Addition

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02/15/08-80014-011 61.25**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia M. Emery