

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 042 ****70.00

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1. Entity Name
**NORTH BAY COLONY MARINA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1015 BAY COLONY DRIVE SO.
JUNO BEACH, FL 33408**

Mailing Address
**1015 BAY COLONY DRIVE SO.
JUNO BEACH, FL 33408**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1024400** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VRBANEC, STEPHAN R
1014 BAY COLONY DRIVE SO.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed on 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VRBANEC, STEPHAN R 1015 BAY COLONY DRIVE SO. JUNO BEACH, FL 33408 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUEMKE, DUANE 14245 PROVIDENCE LANE BROOKFIELD, WI 53005 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANICH, JAMES 1015 BAY COLONY DRIVE SO. JUNO BEACH, FL 33408 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4585 HEWITTS POINT ROAD OCONOMOWOC, WI 53066-3314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

4/29/03

561.625.3511

Date

Daytime Phone #

CR2E037 (10/02)