2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 745231

1. Entity Name
B.T.E. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2929 UNIVERSITY DRIVE #102 CORAL SPRINGS, FL 33065	2929 UNIVERSITY DRIVE #102 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1967185
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLAX, MICHAEL DR.
2929 UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33065

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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 _____ DATE
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLAX, MICHAEL DR.
STREET ADDRESS	2929 UNIVERSITY DR, #102
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VD
NAME	GOLDBERG, MARC
STREET ADDRESS	2929 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	TD
NAME	LUBEN, ROBERT
STREET ADDRESS	2929 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/05-80081-007 61.25

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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: MD [illegible] 2/7/05 954 752 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #