FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

759711

(5)

B.T.T. (CONDOMINIUM ASSOCIA	ATION, INC.						
Principal Place	of Business	Mailing Address		"]		
6610 NORTH UI SUITE #220 TAMARAC FL 3	niversity drive	SUITE #220	6610 NORTH UNIVERSITY DRIVE SUITE #220 TAMARAC FL 33321-4000					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						3. Date incorporated or Qualified 08/20/1981	3a. Date of Last Rep 03/29/1990	
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0220884 Not Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country			8. This corporation has liability for to		99.032,
24	25	29	30			Florida Statutes Yes No		
	9. Name and Address of Curr	rent Hegistered Agent		B1 N	ame	10. Name and Address of New Rec	Istered Agent	
351050	0411004							
	SANDRA UNIVERSITY DR.			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable	e)	
	SPRINGS FL 33067		Ì	83			· · · · · · · · · · · · · · · · · · ·	<i>t</i>
OUNCE	OF MINOO I E OOOO!					· · · · · · · · · · · · · · · · · · ·		
				84 C	ity		FL 85 Zip Co	ode
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	ites, the at	oove-na	amed corpo	ration submits this statement for the pu	rpose of changing its	registered
agent. Lar	egistered agent, or doin, in the sta m familiar with, and accept the ob	ligations of, Section 617.0503, F	torida Stat	utes.	e corporatio	ration submits this statement for the pun's board of directors. I hereby accep	тин арропителя асте	gistered
SIGNATURE								
	Signature, typed or printed name of registered			Agent &	gnature required	when reinstating)	DATE	
12.		AND DIRECTORS DELETE	13.	rı e		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change	Addition
TITLE NAME	PD Singh, Manny	□ pririt	1				□ Citatile	ADDRIUM
STREET ADDRESS	6610 N UNIVERSITY DR			1.2 NAME 1.3 STREET ADDRESS			•	1
CITY-S1-ZIP	TAMARAC, FL 00000			1.4 CITY-ST-ZiP				, i
TITLE	VD			2.1 TITLE			Change	☐ Addition
NAME	ZEIGER, SANDRA		2.2 NA	2.2 NAME				j
STREET ADDRESS	6610 N. UNIVERSITY DR.,	#120	2.3 \$T	2.3 STREET ADDRESS			•	$-\int_{\mathbb{R}^{n}} J$
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-ST-ZIP				1	-f
TITLE	STD DELETE			3.1 TITLE			☐ Change	Addition
NAME	DIROCCO, RAY		3.2 NA	3.2 NAME		•	; }	<i>;</i>
STREET ADDRESS	6610 N UNIVERSITY DR		3.3 ST	3.3 STREET ADDRESS			1 /	,
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 10				[] Charige	Addition
NAME			4. 2 N					
STREET ADDRESS				4.3 STREET ADDRESS		•		
CITY-ST-ZIP				TY-ST-Z	iP		Change	Addition
TITLE			5.1 Til				L Crianyd	FIII MADMINU
NAME ethect annhcée			5.2 N/		noree			
STREET ADDRESS				REET ADI	1			
CITY - ST - ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE		<u></u>	Change	Addition
NAME			6.2 NA					
STREET ADDRESS				TREET AD	ORESS			
CITY ST. 7IP				TV. ST. 7				

14. I do 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 annual leport or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.