


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 759711	
1. Entity Name B.T.T. CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6610 NORTH UNIVERSITY DRIVE SUITE 250 TAMARAC, FL 33321	Mailing Address 6610 NORTH UNIVERSITY DRIVE SUITE 250 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0220884	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 ZEIGER, SANDRA 6610 N. UNIVERSITY DR. #120 TAMARAC, FL 33321
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD SABATER, ALBERTO 6610 N UNIVERSITY DR #210 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD SANCHEZ, DIO 6610 N. UNIVERSITY DR., #210 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RODRIGUEZ, JORDI 6610 N UNIVERSITY DR, #100 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BERTUCELLI, DANIEL L 6610 N UNIVERSITY DR., #100 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

UN00000384413
01/17/06-80009-025 61.25

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: 	1/9/06 Date	954-580-0880 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		