


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 009 ****61.25

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		
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	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			7. Name and Address of New Registered Agent		
ALBERTO SABATER 6610 N. UNIVERSITY DR. #210 TAMARAC, FL 33321			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	COPD <input type="checkbox"/> Delete	TITLE	Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABATER, ALBERTO	NAME			
STREET ADDRESS	6610 N UNIVERSITY DR #210	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, JORDI	NAME			
STREET ADDRESS	6610 N UNIVERSITY DR, #100	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Treas/Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Bertucelli, Daniel		
STREET ADDRESS		STREET ADDRESS	6610 N.University Dr. #240		
CITY-ST-ZIP		CITY-ST-ZIP	Tamarac, FL 33321		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 if changed, or on an attachment with an address; with all other like empowered.					
SIGNATURE: <i>Jordi X. Rodriguez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/19/08 (954) 720-8	