


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # N00872
 1. Entity Name
BPCA CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**4350 NW 19TH AVE
 SUITE C
 POMPANO BEACH FL 33064
 US**

Mailing Address
**P.O. BOX 97-0069
 BOCA RATON FL 33497-0069
 US**



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

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

1st MOORE CR2E037 (10/05)

4. FEI Number: **59-2378197** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GARY PALOMBI C/O RMC INC
 4350 NW 19TH AVE
 SUITE C
 POMPANO BEACH FL 33064**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
D	TIBALDI, CHARLES	22017 PALMS WAY #204	BOCA RATON FL 33433	<input type="checkbox"/>
VD	MCFARLAND, JAMES	22016 PALMS WAY # 102	BOCA RATON FL 33433	<input type="checkbox"/>
PD	HUBER, GEORGE	22052 PALMS WAY #106	BOCA RATON FL	<input type="checkbox"/>
TD	CAICO, MARIO	22160 PALMS WAY, #201	BOCA RATON FL	<input type="checkbox"/>
D	SMITH, LARRY	22052 PALMS WAY # 201	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Huber President* DATE: *4/5/06*