

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 044 ***150.00

DOCUMENT # P03000079737 1. Entity Name BFC PARK AVENUE GP, INC.					
Principal Place of Business 250 SOUTH PARK AVE., STE. 630 WINTER PARK, FL 32789			Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790		
2. Principal Place of Business 250 Park Avenue South			3. Mailing Address		
Suite, Apt. #, etc. Suite 630			Suite, Apt. #, etc.		
City & State Winter Park, FL			City & State		
Zip 32789		Country		Zip 32789	
Country		Country		4. FEI Number 59-1225442	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BATTAGLIA, W.P. 250 SOUTH PARK AVE., STE. 630 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 630 City Winter Park, FL Zip Code 32789	
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: <u>W.P. Battaglia</u> DATE: <u>4/20/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, W.P. P.O. BOX 3010 WINTER PARK, FL 32790	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, R.E. P.O. BOX 3010 WINTER PARK, FL 32790	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 607, 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: <u>W.P. Battaglia</u>		W.P. Battaglia		407-622-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	