2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# 739015

Entity Name: BUNKER OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1800151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: BLESCHEKA, BRUCE
Address: 3535 LONGMEADOW DR
City-St-Zip: BRADENTON, FL 34235

Title: DS ( ) Delete
Name: WILLICK, DAVID
Address: 3549 LONGMEADOW DR
City-St-Zip: BRADENTON, FL 34235

Title: DP ( ) Delete
Name: REHA, DARRELL
Address: PO BOX 4002
City-St-Zip: SARASOTA, FL 34230

Title: DT ( ) Delete
Name: MARTIN, ARVID
Address: 2983 BLACK CORUELS RD
City-St-Zip: IMLAY CITY, MI 48444

Title: DT ( ) Delete
Name: WATSON, HAMILTON
Address: 14 AYR RD; GIFFNOCK
City-St-Zip: GLASGOW, SD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BLEASHEKA, BRUCE
Address: 3535 LONGMEADOW DR
City-St-Zip: BRADENTON, FL 34235

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: REHA, DARRELL
Address: 3523 LONGMEADOW DR
City-St-Zip: SARASOTA, FL 34235

Title: TD (X) Change ( ) Addition
Name: MARTIN, ARVID
Address: 2983S BLACK CORNERS RD
City-St-Zip: IMLAY CITY, MI 48444

Title: D (X) Change ( ) Addition
Name: WATSON, HAMILTON
Address: 3048 RINGWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL REHA PD 03/02/2007

Electronic Signature of Signing Officer or Director — Date