

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# 745231

Entity Name: B.T.E. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2929 UNIVERSITY DRIVE
#102
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2929 UNIVERSITY DRIVE
#102
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-1967185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ
319 SE 14TH STREET
FORT LAUDERDALE, FL 33316 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: PD () Delete
Name: FLAX, MICHAEL DR.
Address: 2929 UNIVERSITY DR, #102
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: GOLDBERG, MARC
Address: 2929 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: LUBER, ROBERT DR
Address: 2929 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL FLAX

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date