## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 756474**

FILED Mar 14, 2006 Secretary of State

Entity Name: BIVENS FOREST CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Principal Place	e or Business:
1400 SW : GAINESV	25TH PL ILLE, FL 32608	US		
Current N	lailing Address	<b>::</b>	New Mailing Addres	ss:
	ON REAL ESTA	TE SERVICES		
	<i>N</i> 1ST PL ILLE, FL 32607	US		
FEI Number	: 59-2288151	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
C/O ACTI 6110-B N. GAINESV	AN, JEFFREY D ON REAL ESTA W. 1ST PLACE ILLE, FL 32607 e named entity s	TE SERVICES US	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.			
SIGNATU				
	Electroni	c Signature of Registered Age		Date
				Date ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	Electroni S AND DIRECT	PLACE		
OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT  PD () BRUDEREK, CA 1438 SW 25TH I GAINESVILLE, F	PLACE PLACE	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	Electroni  S AND DIRECT  PD ()  BRUDEREK, CA 1438 SW 25TH I  GAINESVILLE, F  D ()  DEES, MARY 1408 S.W. 25TH  GAINESVILLE, F	PORS: Delete NDY PLACE L 32606 Delete PLACE L Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electroni  S AND DIRECT  PD ()  BRUDEREK, CA 1438 SW 25TH I  GAINESVILLE, F  D ()  DEES, MARY 1408 S.W. 25TH  GAINESVILLE, F  D (X)  FOWLER, ROBI 1430 SW 25TH I  GAINESVILLE, F	PORS: Delete NDY PLACE L 32606 Delete PLACE L Delete N Delete N Delete N Delete N Delete Delete N Delete Delete N Delete Delete N Delete Delete Delete Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition

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: CANDY BRUDEREK P 03/14/2006