


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90030 009 \*\*\*\*61.25

<b>DOCUMENT # 759711</b> 1. Entity Name <b>B.T.T. CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6610 NORTH UNIVERSITY DRIVE SUITE 250 TAMARAC, FL 33321</b>			Mailing Address <b>6610 NORTH UNIVERSITY DRIVE SUITE 250 TAMARAC, FL 33321</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0220884</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALBERTO SABATER 6610 N. UNIVERSITY DR. #210 TAMARAC, FL 33321</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	COPD	<input type="checkbox"/> Delete	TITLE	Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SABATER, ALBERTO		NAME		
STREET ADDRESS	6610 N UNIVERSITY DR #210		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, JORDI		NAME		
STREET ADDRESS	6610 N UNIVERSITY DR, #100		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Treas/Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bertucelli, Daniel	
STREET ADDRESS			STREET ADDRESS	6610 N. University Dr. #240	
CITY-ST-ZIP			CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
<b>SIGNATURE:</b> <i>Jordi X. Rodriguez</i> / <i>Jordi X. Rodriguez</i>			2/19/08 (954) 720-8		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		