

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90320 021 ***150.00

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1. Entity Name
BA COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
**2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

Mailing Address
**2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1585228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUSK, GERALD
STREET ADDRESS	2100 W. CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DT
NAME	MINDLING, JEFFREY
STREET ADDRESS	2100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	S
NAME	DRAPOS, LINDA M
STREET ADDRESS	2100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	MCCLUNG, JAY C
STREET ADDRESS	2100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	FRIEDMAN, DAVID
STREET ADDRESS	2100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	TOALSON, VALERIE C
STREET ADDRESS	2100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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:

Valerie C. Toalson

Valerie C. Toalson, Director 4/22/08 954-940-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #