2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N01000006163

Entity Name: BMCB CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

4907 NW 43RD STREET, SUITE F
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4907 NW 43RD STREET, SUITE F
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3746247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLA, JOHN M
4907 NW 43RD ST, SUITE F
GAINESVILLE, FL 32606

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:	D	( ) Delete
Name:	PLA, JOHN M	
Address:	4907 NW 43RD ST, SUITE F	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	STD	( ) Delete
Name:	HOWARD, AMY	
Address:	4907 NW 43RD ST., SUITE F	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	D	( ) Delete
Name:	JONES, SUSAN	
Address:	7148 HELSEM BEND	
City-St-Zip:	DALLAS, TX 75230	
Title:	D	( ) Delete
Name:	GARCIA-BENGOCHEA, JAVIER	
Address:	4901 VANDIVEER RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	P	( ) Delete
Name:	GARCIA-BENGOCHEA, MARY	
Address:	4901 VANDIVEER RD.	
City-St-Zip:	JACKSONVILLE, FL 32210	

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: AMY L. HOWARD STD 02/26/2004

Electronic Signature of Signing Officer or Director — Date