


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006163</b>		
1. Entity Name BMCB CONDOMINIUM ASSN., INC.		
Principal Place of Business 4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606	Mailing Address 4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606	



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3746247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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]*

JOHN PLA

1/27/05

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLA, JOHN M 4907 NW 43RD ST, SUITE F GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWARD, AMY 4907 NW 43RD ST., SUITE F GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SUSAN 7148 HELSEM BEND DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-BENGOCHEA, JAVIER 4901 VANDIVEER RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA-BENGOCHEA, MARY 4901 VANDIVEER RD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE

*[Signature]* AMY HOWARD

1/18/05

212-203  
-2466