2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006163

Entity Name: BMCB CONDOMINIUM ASSN., INC.

FILED Mar 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606				7790 A1A S UNIT 203 ST AUGUSTINE, FL 32080 US		
Current Mailing Address:				New Mailing Address:		
4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606				7790 A1A S UNIT 203 ST AUGUSTINE, FL 32080 US		
FEI Number:	: 59-3746247	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
PLA, JOHN M 4907 NW 43RD ST, SUITE F GAINESVILLE, FL 32606 US				RITACCO, ROBERT J 7790 A1A S UNIT 203 ST AUGUSTINE, FL 32080 US		
	named entity see of Florida.	submits this statement for the	purpose o	f changing it	ts registered office or registered agent, or both,	
SIGNATURE: ROBERT J RITACCO					03/06/2006	
	Electror	ic Signature of Registered Ag	ent		Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () PLA, JOHN M 4907 NW 43RD GAINESVILLE,	•		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () HOWARD, AMY 4907 NW 43RD GAINESVILLE,	ST., SUITE F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () JONES, SUSAN 7148 HELSEM DALLAS, TX 75	BEND		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () GARCIA-BENG 4901 VANDIVE JACKSONVILLI	ER RD.		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GARCIA-BENGOCHEA, MARY 4901 VANDIVEER RD. JACKSONVILLE, FL 32210	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	P () Change (X) Addition RITACCO, ROBERT J 7790 A1A S UNIT 203 ST AUGUSTINE, FL 32080	

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: ROBERT J RITACCO P 03/06/2006