2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006163

FILED Jan 11, 2008 Secretary of State

Entity Name: BMCB CONDOMINIUM ASSN., INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
7790 A1A : UNIT 203 ST AUGUS	S STINE, FL 32080 US			
Current Mailing Address:		New Mailing A	New Mailing Address:	
7790 A1A S UNIT 203				
STAUGUS	STINE, FL 32080 US			
FEI Number:	: 59-3746247 FEI Number Ap	plied For () FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of Current Registe	red Agent: Name and Add	ress of New Registered Agent:	
7790 A1A S UNIT 203	ROBERT J S STINE, FL 32080 US			
	named entity submits this stat e of Florida.	ement for the purpose of changing its reg	istered office or registered agent, or both,	
SIGNATUF	RE:			
	Electronic Signature of F	Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SCHUMACHER, MARUCHI 1886 MONTOMERY PLACE JACKSONVILLE, FL 32205	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HOWARD, AMY 4907 NW 43RD STREET, SUITE F GAINSVILLE, FL 32606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CLARIDGE, JANICE 1563 CALERA CREEK HEIGHTS MILPITAS, CA 95035	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S/T () Delete RITACCO, ROBERT J 7790 A1A S UNIT 203 ST AUGUSTINE, FL 32080	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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 T 01/11/2008