


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 011 ****61.25

DOCUMENT # N01575
 1. Entity Name
BETHESDA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

Mailing Address
314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

60020100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2496807

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

REITER, GEORGE
314 NE 3RD ST
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BOTTS, BONNIE	
STREET ADDRESS	10 BETHESOLA PARK	
CITY - ST - ZIP	BOYNTON BCH., FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SABERSON, PAT	
STREET ADDRESS	47 BETHESDA PARK CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEW, BETSY	
STREET ADDRESS	48 BETHESDA PK CR	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JENSON, MARY	
STREET ADDRESS	7 BETHESDA PK CR	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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: *Patricia Saberson* 3/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #