


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90183 008 ****61.25

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| DOCUMENT # N02000008800 | |  | |
| 1. Entity Name THE BLAIKIE COURT COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 8132 BLAIKIE CT SARASOTA, FL 34240 | | Mailing Address 8132 BLAIKIE CT SARASOTA, FL 34240 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 8120 Blaikie Court | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Sarasota FL | |
| 4. FEI Number 65-1161804 | | 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 | | 7. Name and Address of New Registered Agent | |
| MAGLICH, RICHARD 8132 BLAIKIE CT SARASOTA, FL 34240 | | 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: Richard Maglich | | SIGNATURE: Richard Maglich DATE: 2/28/08 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAGLICH, RICHARD 5225 RIVERWOOD AVENUE SARASOTA, FL 34231 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHARELL, GILBERT 8120 BLAIKIE CT SARASOTA, FL 34240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GILBERT SHARELL #1008 707 GULFSTREAM AVE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KARA, SUSAN 8132 BLAIKIE CT SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOSEF AARONSON 3021 HOMASASSA RD SARASOTA, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 of 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: Sherry J. Shall | | DATE: 2/28/08 DAYTIME PHONE: 941-650-4188 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |