


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000010420 1. Entity Name 4509 BEE RIDGE ROAD CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233	Mailing Address 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1912851	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

WOLFINGER, ENOLA H
4509 BEE RIDGE RD
SUITE C
SARASOTA, FL 34233

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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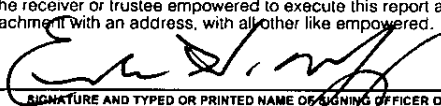
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIMBY, BRIAN 4509 BEE RIDGE STE B SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFINGER, ENOLA H 4509 BEE RIDGE RD STE C SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFINGER, TIMOTHY R 4509 BEE RIDGE RD STE C SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80092-012 61.25

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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:  **ENOLA H. WOLFINGER** 4/27/07 9413210008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #