2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N05000006501

Entity Name: BOBCAT SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2567 N TOLEDO BLADE BLVD
UNIT 1
NORTH PORT, FL 34289

New Principal Place of Business:

Current Mailing Address:

2567 N TOLEDO BLADE BLVD
UNIT 1
NORTH PORT, FL 34289

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R
MICHAEL R. MCKINLEY, ESQUIRE
21175 OLEAN BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARNOLD, RICHARD W
Address: 2567 N TOLEDO BLADE BLVD
City-St-Zip: NORTH PORT, FL 34289

Title: DV ( ) Delete
Name: OPEL, HORACE
Address: 1800 SEVERN GROVE RD
City-St-Zip: ANNAPOLIS, MD 21401

Title: DS ( ) Delete
Name: ARNOLD, ELAINE B
Address: 2567 N TOLEDO BLADE BLVD
City-St-Zip: NORTH PORT, FL 34289

Title: DT ( ) Delete
Name: OPEL, WENDY
Address: 1800 SEVERN GROVE RD
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ARNOLD, RICHARD W
Address: 2567 N TOLEDO BLADE BLVD, UNIT 1
City-St-Zip: NORTH PORT, FL 34289

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: ARNOLD, ELAINE B
Address: 2567 N TOLEDO BLADE BLVD, UNIT 1
City-St-Zip: NORTH PORT, FL 34289

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RICHARD W. ARNOLD DP 07/09/2007
Electronic Signature of Signing Officer or Director — Date