

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011139

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE BORDEAUX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1960 ERVING CIRCLE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1960 ERVING CIRCLE
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-3720937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEAN & MALCHOW, PA
646 EAST COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

KATZMAN GARFINKEL
1501 NORTHWEST 49TH STREET, SECOND FLOOR
FORT LAUDERDALE, FL 33309 US

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: LEIGH KATZMAN

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAGGS, IMELDA
Address: 2045 ERVING CIRCLE #2-111
City-St-Zip: OCOE, FL 34761

Title: S () Delete
Name: BATISTA, CARMEN
Address: 1985 ERVING CIRCLE # 102
City-St-Zip: OCOE, FL 34761

Title: T () Delete
Name: SALCEDO, FELIPE
Address: 1990 ERVING CIR #307
City-St-Zip: OCOE, FL 34761

Title: VPD () Delete
Name: MUNROE, ARNOLD
Address: 1975 ERVING CIRCLE #107
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: LATRACE, BEVERLY
Address: 1101 VINTAGE VILLAGE LN #110
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: IMELDA BAGGS

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date