

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008917

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** THE BUNKER OFFICE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 1010  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTH FLAGLER DRIVE  
SUITE 1010  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 26-0886582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURST, THOMAS S  
505 SOUTH FLAGLER DRIVE  
SUITE 1010  
WEST PALM BEACH, FL 33401 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: PD ( ) Delete  
Name: STEINBERGER, MARC  
Address: 1339 SOUTH KILLIAN DRIVE, UNIT 1  
City-St-Zip: LAKE PARK, FL 33403

Title: VPD ( ) Delete  
Name: GAMACHE, KENNETH M  
Address: 1339 SOUTH KILLIAN DRIVE, UNIT 1  
City-St-Zip: LAKE PARK, FL 33403

Title: STD ( ) Delete  
Name: BURST, THOMAS S  
Address: 1339 SOUTH KILLIAN DRIVE, UNIT 1  
City-St-Zip: LAKE PARK, FL 33403

**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:

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: THOMAS S BURST

PRES

04/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date