

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N07000010039

1. Entity Name

BRG BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4220 JOE'S POINT ROAD
STUART FL 34996**

Mailing Address

**4220 JOE'S POINT ROAD
STUART FL 34996**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTER, LEONARD
4220 JOE'S POINT ROAD
STUART FL 34996**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OSTER, LEONARD	
STREET ADDRESS	4220 JOE'S POINT ROAD	
CITY- ST- ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSTER, SCOTT	
STREET ADDRESS	4722 N.W. 100TH TERRACE	
CITY- ST- ZIP	CORAL SPRINGS FL 33076	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OSTER, ESTELLE	
STREET ADDRESS	4220 JOE'S POINT ROAD	
CITY- ST- ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY- ST- ZIP		

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04/17/08-80070-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leonard Oster 4/16/08 772-284-3665