2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N07000010134

Entity Name: BEAR RIDGE CIRCLE OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

211 HEDDEN COURT
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

211 HEDDEN COURT
PALM HARBOR, FL 34683

New Mailing Address:

P. O. BOX 2407
PALM HARBOR, FL 34682-240 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNAMARA, CHRISTOPHER M
211 HEDDEN COURT
PALM HARBOR, FL 34683 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: MCNAMARA, CHRISTOPHER M
Address: 211 HEDDEN COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete
Name: SCHMOOR, MICHAEL J
Address: 36750 US HIGHWAY 19 NORTH #3026
City-St-Zip: PALM HARBOR, FL 34684

Title: STD ( ) Delete
Name: SCHMOOR, STEPHANIE J
Address: 36750 US HIGHWAY 19 NORTH #3026
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SCHMORR, MICHAEL J
Address: 36750 US HIGHWAY 19 NORTH #3026
City-St-Zip: PALM HARBOR, FL 34684

Title: STD (X) Change ( ) Addition
Name: SCHMORR, STEPHANIE J
Address: 36750 US HIGHWAY 19 NORTH #3026
City-St-Zip: PALM HARBOR, FL 34684

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: CHRISTOPHER M MCNAMARA PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date