


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N24107	
1. Entity Name THE BULLARD BUILDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O ROBERT L. GIBSON JR. 212 EAST STUART AVE. LAKE WALES, FL 33853	Mailing Address C/O ROBERT L. GIBSON JR. 212 EAST STUART AVE. LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-2896985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**GIBSON, ROBERT L., JR.
212 EAST STUART AVE.
LAKE WALES, FL 33853**

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9. 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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, ROBERT L JR 212 E STUART AVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEAY, JULIE 247 E STUART AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, DOLORES 257 E STUART AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80019-017 500.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: Julie S. Seay **Julie S. Seay** 1/18/06 843-678-1338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #