

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N25139

1. Entity Name

B.C.A. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9940 COLLINS AVE
BAL HARBOUR FL 33154-1826

Mailing Address

42 PARKSIDE DRIVE
C/O RALPH CAREY
BLUFFTON SC 29910



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 (10/06)

4. FEI Number

65-0094936

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

CAREY, RALPH
9944 COLLINS AVENUE
#8
BAL HARBOUR FL 33154

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 rechartering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	CAREY, RALPH	
STREET ADDRESS	9944 COLLINS AVENUE, #8	
CITY-STATE-ZIP	BAL HARBOUR FL 33154	

TITLE	VD	<input type="checkbox"/> Delete
NAME	IRACANE, JOSEPH	
STREET ADDRESS	115 ST ANN ST	
CITY-STATE-ZIP	OWENSBORO NY	

TITLE	VD	<input type="checkbox"/> Delete
NAME	TRAPP, DAVID	
STREET ADDRESS	111 WOODLANE AVE. APT. 206	
CITY-STATE-ZIP	LEXINGTON KY 40502	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIDNER, SARA BETH	
STREET ADDRESS	7798 W 62ND WAY	
CITY-STATE-ZIP	ARVADA CO 80004	

TITLE	VD	<input type="checkbox"/> Delete
NAME	VALENTINE, JULIE	
STREET ADDRESS	9601 COLLINS AVE	
CITY-STATE-ZIP	BAL HARBOUR FL 33154	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000646177
03/06/07-80020-006 61.25

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Ralph Carey

President B.C.A. Condo.

2-20-07

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