


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25139</b>	
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
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DO NOT WRITE IN THIS SPACE

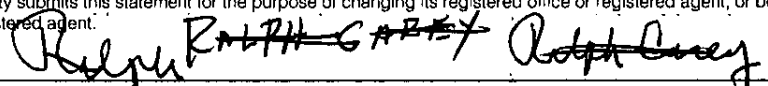


01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0094936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CAREY, RALPH 9944 COLLINS AVENUE #8 BAL HARBOUR, FL 33154
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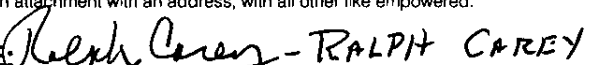
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <del>RALPH CAREY</del> <del>ERROR</del>	DATE

Filing Fee is \$61.25 Due by May 1, 2008	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	PST CAREY, RALPH 9944 COLLINS AVENUE, #8 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRACANE, JOSEPH 115 ST ANN ST OWENSBORO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAPP, DAVID 111 WOODLANE AVE. APT. 206 LEXINGTON, KY 40502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIDNER, SARA BETH 7798 W 62ND WAY ARVADA, CO 80004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, JULIE 9601 COLLINS AVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000780999  
01/15/08-80011-020 61.25

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 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	1.8.08 843 368 8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #