

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25139

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: B.C.A. CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

9940 COLLINS AVE  
BAL HARBOUR, FL 331541826

## New Principal Place of Business:

9944 COLLINS AVE  
8  
BAL HARBOUR, FL 331541826 US

## Current Mailing Address:

42 PARKSIDE DRIVE  
C/O RALPH CAREY  
BLUFFTON, SC 29910

## New Mailing Address:

9944 COLLINS AVE  
8  
BAL HARBOUR, FL 331541826 US

FEI Number: 65-0094936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAREY, RALPH  
9944 COLLINS AVENUE  
#8  
BAL HARBOUR, FL 33154 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: PST ( ) Delete  
Name: CAREY, RALPH  
Address: 9944 COLLINS AVENUE, #8  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VD ( ) Delete  
Name: IRACANE, JOSEPH  
Address: 115 ST ANN ST  
City-St-Zip: OWENSBORO, NY

Title: VD (X) Delete  
Name: TRAPP, DAVID  
Address: 111 WOODLANE AVE. APT. 206  
City-St-Zip: LEXINGTON, KY 40502

Title: VD ( ) Delete  
Name: WEIDNER, SARA BETH  
Address: 7798 W 62ND WAY  
City-St-Zip: ARVADA, CO 80004

Title: VD ( ) Delete  
Name: VALENTINE, JULIE  
Address: 9601 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: IRACANE, JOSEPH  
Address: 115 ST ANN ST  
City-St-Zip: OWENSBORO, NY

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

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

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

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: RALPH CAREY

PST

04/06/2009

Electronic Signature of Signing Officer or Director

Date