

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 035 ***150.00

DOCUMENT # P04000031682

1. Entity Name
BCI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**12001 BACKWATER RD
SARASOTA, FL 34240**

Mailing Address
**12001 BACKWATER RD
SARASOTA, FL 34240**

50007240



2. Principal Place of Business
8213 BLAIE CT
Suite, Apt. #, etc.

3. Mailing Address
8213 BLAIE CT
Suite, Apt. #, etc.

02012006 Chg-P CR2E034 (11/05)

City & State
SARASOTA, FL
Zip
34240
Country
USA

City & State
SARASOTA, FL
Zip
34240
Country
USA

4. FEI Number
20-2823583
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAIE, MICHAEL B
12001 BACKWATER RD
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name
ROBIN M. BLAIE
Street Address (P.O. Box Number is Not Acceptable)
8213 BLAIE CT
City
SARASOTA **FL** Zip Code
34240

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]* **ROBIN M BLAIE**
Signature, typed or printed name of registered agent and title if applicable.

2/6/06
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, CHARLES H 2341 PORTER LAKE DRIVE #207 SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICCICHI, BILL 1595 BARBER ROAD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIE, ROBIN M 12001 BACKWATER RD SARASOTA, FL 34240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVE RINEHART 8229 BLAIE CT SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER KELLY LEE 8229 BLAIE CT SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBIN BLAIE 8213 BLAIE CT SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 **941-377-4430**
Date Daytime Phone #