

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000031682

1. Entity Name
BCI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8213 BLAIKIE CT
SARASOTA, FL 34240

Mailing Address
8213 BLAIKIE CT
SARASOTA, FL 34240



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BLAIKIE, ROBIN M
8213 BLAIKIE CT
SARASOTA, FL 34240

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
RINEHART, STEVE
8229 BLAIKIE CT
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEE, KELLY
8239 BLAIKIE CT
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLAIKIE, ROBIN
8213 BLAIKIE CT
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLAIRIE, ROBIN M
12001 BACKWATER RD
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U000000732696
05/09/07-80056-008 150.00

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 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:

Robin M Blaikie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 *941-377-4430*
Date Daytime Phone #