

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031682

FILED
Apr 23, 2008
Secretary of State

Entity Name: BCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8213 BLAIKIE CT
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

8213 BLAIKIE CT
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 20-2823583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIKIE, ROBIN M
8213 BLAIKIE CT
SARASOTA, FL 34240 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RINEHART, STEVE
Address: 8229 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

Title: ST () Delete
Name: LEE, KELLY
Address: 8239 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: BLAIKIE, ROBIN
Address: 8213 BLAIKIE CT
City-St-Zip: SARASOTA, FL 34240

Title: P (X) Delete
Name: BLAIRIE, ROBIN M
Address: 12001 BACKWATER RD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLAIKIE, ROBIN M
Address: 8213 BLAIKI CT.
City-St-Zip: SARASOTA, FL 34240

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN M. BLAIKIE

P

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date