

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750390 (7)**  
1. Corporation Name  
**BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
**1300 BLUE LAKE DRIVE  
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified **12/28/1979** 3a. Date of Last Report **06/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-2240739</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		30			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHIMERA, EDWARD  
3309 QUAIL CLOSE  
POMPANO BEACH FL 33064**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHIMERA, EDWARD</b>	
STREET ADDRESS	<b>3309 QUAIL CLOSE</b>	<i>Resigned</i>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HUSEBO, LYNN LEONARD</b>	
STREET ADDRESS	<b>1321 PARTRIDGE CLOSE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, MAUREEN</b>	
STREET ADDRESS	<b>1311 PARTRIDGE CLOSE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BURGESS, MARILYN</b>	
STREET ADDRESS	<b>3322 QUAIL</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>AGETY, ANGIE</b>	
STREET ADDRESS	<b>3324 QUAIL CLOSE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	<b>LYNN TRACY</b>	
STREET ADDRESS	<b>1317 PARTRIDGE CLOSE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KENNETH W. LA POINTE</b>	
1.3 STREET ADDRESS	<b>1312 PARTRIDGE CLOSE</b>	
1.4 CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
2.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RUBIN PULIDO</b>	
2.3 STREET ADDRESS	<b>3314 MALLARD CLOSE</b>	
2.4 CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth La Pointe* JANUARY 16<sup>th</sup> 96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)