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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
1300 BLUE LAKE DRIVE
POMPANO BEACH FL 33064

Mailing Address
1300 BLUE LAKE DRIVE
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified 12/28/1979
3a. Date of Last Report 01/25/1996

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

4. FEI Number 59-2240739
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CHIMERA, EDWARD
3309 QUAIL CLOSE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81 Name KENNETH W. LA POINTE President
82 Street Address (P.O. Box Number is Not Acceptable)
83 1312 PARTRIDGE CLOSE
84 City Pompano Beach FL 85 Zip Code 33064

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: *K. La Pointe* DATE: 1-13-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LA POINTE, KENNETH W	
STREET ADDRESS	1312 PARTRIDGE CLOSE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUSEBO, LEONARD	
STREET ADDRESS	1321 PARTRIDGE CLOSE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURPHY, MAUREEN	
STREET ADDRESS	1311 PARTRIDGE CLOSE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURGESS, MARILYN	
STREET ADDRESS	3322 QUAIL	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGETY, ANGIE	
STREET ADDRESS	3324 QUAIL CLOSE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRACY, LYNN	
STREET ADDRESS	1317 PARTRIDGE CLOSE	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN GIACCONE	
1.3 STREET ADDRESS	1313 PARTRIDGE CLOSE	
1.4 CITY-ST-ZIP	POMPANO BEACH FLA 33064	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES SONNE	
2.3 STREET ADDRESS	1318 PARTRIDGE CLOSE	
2.4 CITY-ST-ZIP	POMPANO BEACH FLA 33064	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUBIN PUHIDO	
3.3 STREET ADDRESS	3314 MALLARD CLOSE	
3.4 CITY-ST-ZIP	POMPANO BEACH FLA 33064	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY CHIMERA	
4.3 STREET ADDRESS	3309 QUAIL CLOSE	
4.4 CITY-ST-ZIP	POMPANO BEACH. FLA 33064	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *K. La Pointe* REQUIRED President 1-13-97

CR2E037 (9/96)