


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90047 004 \*\*\*\*61.25

<b>DOCUMENT # 750390</b>					
1. Entity Name BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.					
Principal Place of Business 1300 BLUE LAKE DRIVE POMPAÑO BEACH, FL 33064			Mailing Address P.O. BOX 5637 POMPAÑO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address 4780 N State Rd 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite E250			
City & State		City & State Lauderdale Lakes FL			
Zip	Country	Zip	Country	4. FEI Number 59-2240739	
33319	USA	33319	USA	Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324-2669				Name Phoenix Management Services	
				Street Address (P.O. Box Number is Not Acceptable)	
				4780 N State Rd 7 Ste. E250	
				City Lauderdale Lakes FL	
				Zip Code 33319	
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 <i>Henry Smith</i>				DATE 3/24/04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THALER, LARRY 1314 PARTRIDGE CLOSE POMPAÑO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNCH, PETER 3325 MALLARD CLOSE POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNNE, TRACEY 1317 PARTRIDGE CLOSE POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BARRETT, JOHN 3326 QUAIL CLOSE POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, RUBIN 3314 QUAIL CLOSE POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rubin Pulido 3314 Quail close Pompano Bch Fl 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 617, 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: <i>John Barrett</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/02/04	
				DAYTIME PHONE # 954-942-5190	

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