


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90134 014 ****61.25

DOCUMENT # 750390

1. Entity Name
BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.



Principal Place of Business
C/O PHOENIX MANAGEMENT SERVICES INC
~~4780 N. STATE RD. 7, SUITE E-250~~
LAUDERDALE LAKES, FL 33319

Mailing Address
C/O PHOENIX MANAGEMENT SERVICES INC
~~4780 N. STATE RD. 7, SUITE E-250~~
LAUDERDALE LAKES, FL 33319



2. Principal Place of Business - No P.O. Box #
4800 N. State Rd 7

Suite, Apt. #, etc.
Suite F-105

City & State
Lauderdale Lakes FL

Zip
33319

Country
USA

3. Mailing Address
4800 N State Rd 7

Suite, Apt. #, etc.
Suite F-105

City & State
Lauderdale Lakes FL

Zip
33319

Country
USA

03132007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

BROUGH, CHADROW & LEVINE, P.A.
1900 N. COMMERCE PKWY.
WESTON, FL 33326

4. FEI Number
59-2240739

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, PETER	
STREET ADDRESS	3325 MALLARD CLOSE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LYNNE, TRACY	
STREET ADDRESS	1317 PARTRIDGE CLOSE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	TT	<input type="checkbox"/> Delete
NAME	BARRETT, JOHN	
STREET ADDRESS	3326 QUAIL CLOSE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PULIDO, RUBIN	
STREET ADDRESS	3314 QUAIL CLOSE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynch, Peter	
STREET ADDRESS	3325 Mallard close	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracy, Lynne	
STREET ADDRESS	1317 Partridge close	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrett, John	
STREET ADDRESS	3326 Quail Close	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thaler, Larry	
STREET ADDRESS	1314 Partridge Close	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laureano, Marilyn	
STREET ADDRESS	3322 Quail Close	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: Tracy Lynne Pres 3/30/07 954 783 7388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #