


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 019 ****61.25

DOCUMENT # 750390					
1. Entity Name BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.					
Principal Place of Business C/O PHOENIX MANAGEMENT SERVICES INC 4800 N. STATE RD.7, SUITE F-105 LAUDERDALE LAKES, FL 33319			Mailing Address C/O PHOENIX MANAGEMENT SERVICES INC 4800 N. STATE RD.7, SUITE F-105 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>SAME AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2240739	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PKWY. WESTON, FL 33326			7. Name and Address of New Registered Agent Name: <i>Phoenix Management</i> Street Address (P.O. Box Number is Not Acceptable): <i>4800 N. State Road Seven #105</i> City: <i>Lauderdale Lakes, FL 33319</i> City: <i>FL</i> 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, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYNCH, PETER		NAME	<i>Lynch, Peter</i>	
STREET ADDRESS	3325 MALLARD CLOSE		STREET ADDRESS	<i>3325 Mallard close</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	<i>Pompano Bch, FL 33064</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNNE, TRACY		NAME	<i>Colombo, CHAZS</i>	
STREET ADDRESS	1317 PARTRIDGE CLOSE		STREET ADDRESS	<i>3324 Mallard. close</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	<i>Pompano, Bch, FL 33064</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, JOHN		NAME	<i>MARCO SAINT PIERRE</i>	
STREET ADDRESS	3326 QUAIL CLOSE		STREET ADDRESS	<i>3333 Quail close</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	<i>Pompano Bch, FL 33064</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THALER, LARRY		NAME	<i>Robin Petrus</i>	
STREET ADDRESS	1314 PARTRIDGE RD.		STREET ADDRESS	<i>1301 Partridge close</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	<i>Pompano Bch, FL 33064</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUREANO, MARILYN		NAME	<i>John Nabbe</i>	
STREET ADDRESS	3322 QUAIL CLOSE		STREET ADDRESS	<i>3319 Quail Close</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	<i>Pompano Bch, FL 33064</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		