

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750390

FILED
Feb 17, 2009
Secretary of State

Entity Name: BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES INC
4800 N. STATE RD.7, SUITE F-105
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES INC
4800 N. STATE RD.7, SUITE F-105
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 59-2240739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENZY MANAGEMENT
4800 N. STATE ROAD SEVEN #105
LAUDADALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

PHOENIX MANAGEMENT
4800 N. STATE ROAD SEVEN #105
LAUDERDALE LAKES, FL 33319 US

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.

SIGNATURE: SHELLY GOLDBERG

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, PETER
Address: 3325 RALLARD CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD () Delete
Name: CEDOMBO, CHRIS
Address: 3324 RALLARD CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: PIEARE, MAZZO S
Address: 3333 QUAIL CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD () Delete
Name: PETERS, ROBIN
Address: 1301 PARTAZDGE CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: NABBLE, JOHN
Address: 3319 QUARL CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LYNCH

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date