

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

0077540

04-22-2003 90056 046 \*\*\*\*61.25

**DOCUMENT # 750390**

1. Entity Name

**BLUE LAKES TOWNHOUSES CONDOMINIUM, INC.**



Principal Place of Business

**1300 BLUE LAKE DRIVE  
POMPANO BEACH FL 33064**

Mailing Address

**P.O. BOX 5637  
POMPANO BEACH FL 33064**

**11006034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

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

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROUGH, DAVID  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION FL 33324-2669**

7. Name and Address of New Registered Agent

**Bakalar, Brough & Chadrow, P.A.  
Westside Corporate Center  
150 South Pine Island Road, Suite 540  
Plantation, Fla. 33324-2669**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **THALER, LARRY**  
STREET ADDRESS **1314 PARTRIDGE CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **LYNCH, PETER**  
STREET ADDRESS **3325 MALLARD CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **PULIDO, RUBIN**  
STREET ADDRESS **3314 QUAIL CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SECRETARY**  Change  Addition  
NAME **LYNNE TRACY**  
STREET ADDRESS **1317 PARTRIDGE CLOSE**  
CITY-ST-ZIP **POMPANO BEACH, FLORIDA 33064**

TITLE **TT**  Delete  
NAME **BARRETT, JOHN**  
STREET ADDRESS **3326 QUAIL CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR**  Delete  
NAME **PULIDO, RUBIN**  
STREET ADDRESS **3314 QUAIL CLOSE**  
CITY-ST-ZIP **POMPANO BEACH, FLORIDA 33064**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rubin Pulido*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rubin Pulido

4/9/2003

Date

Date

Daytime Phone #

CR2E037 (10/02)