

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90129 015 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 751937**

1. Corporation Name  
**BLUE LAKES LAND ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1200 BEAU RIVAGE DR.<br>P O BOX 5621<br>POMPANO BEACH FL 33074 | Mailing Address<br>1200 BEAU RIVAGE DR.<br>P O BOX 5621<br>POMPANO BEACH FL 33074 |
|---|---|

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|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/09/1980   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2302465   |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable   |
| Zip<br>24                            | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
|                                      |                           | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**RUBERTO, JOHN A JR.**  
**915 MIDDLE RIVER DR.**  
**SUITE 419**  
**FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | T                          | <input type="checkbox"/> DELETE            |
| NAME           | CAMPO, JOSEPH              |  |
| STREET ADDRESS | 3370 BEAU RIVAGE DRIVE T4  |  |
| CITY-ST-ZIP    | POMPANO BEACH FL           |  |
| TITLE          | P                          | <input type="checkbox"/> DELETE            |
| NAME           | CHIMERA, MARY              |  |
| STREET ADDRESS | 1109 QUAIL CLOSE           |  |
| CITY-ST-ZIP    | POMPANO BEACH FL           |  |
| TITLE          | VP                         | <input type="checkbox"/> DELETE            |
| NAME           | SANTELLI, ROSALIE          |  |
| STREET ADDRESS | 3550 BLUE LAKE DRIVE, B503 |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33064     |  |
| TITLE          | S                          | <input type="checkbox"/> DELETE            |
| NAME           | COFFEY, VIVIAN             |  |
| STREET ADDRESS | 3370 BEAU RIVAGE DR C1     |  |
| CITY-ST-ZIP    | POMPANO BEACH FL           |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | SANTELLI, ROSALIE          |  |
| STREET ADDRESS | 3550 BLUE LAKE DR.         |  |
| CITY-ST-ZIP    | POMPANO BEACH FL           |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | ENGLAND, JAMES             |  |
| STREET ADDRESS | 3370 BEAU RIVAGE DR.       |  |
| CITY-ST-ZIP    | POMPANO BEACH FL           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | D KOHLER, KURT   |
| 1.3 STREET ADDRESS | 3550 BLUE LAKE DRIVE B-202   |
| 1.4 CITY-ST-ZIP    | POMPANO BEACH, FL 33064  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | D GABER, LORI  |
| 5.3 STREET ADDRESS | 3370 Beau Rivage Drive K3  |
| 5.4 CITY-ST-ZIP    | Pompano Beach, Fl.   |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | D PULIDO, RUBIN  |
| 6.3 STREET ADDRESS | 3314 Mallard Close   |
| 6.4 CITY-ST-ZIP    | Pompano Beach, Fl.   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 1/11/99 (954) 781-9950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)