

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90185 005 ****70.00

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1. Entity Name
BLUE DIAMOND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4779 COLLINS AVE.
 MIAMI, FL 33140**

Mailing Address
**4779 COLLINS AVE.
 MIAMI, FL 33140**

50036246



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0337692

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

7. Name and Address of New Registered Agent

**BECKON&POLIAKOFF ATTN. DAVID ROGEL, ESQ
 121 ALHAMBRA PLAZA 10TH FLOOR
 CORAL GABLES, FL 33134**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 Delete
 NAME **RODRIGUEZ, JOSE**
 STREET ADDRESS **4779 COLLINS AVE #2008**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP SLAKOFF, MORTON**
 STREET ADDRESS **4779 COLLINS AVE #3601**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME **PRES PIER V. LUPORINI**
 STREET ADDRESS **4779 COLLINS AVE # 2401**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME **T SAMUTES, JAVIER**
 STREET ADDRESS **4779 COLLINS AVE #4701**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME **V.P. ESTELLE LICHMAN**
 STREET ADDRESS **4779 COLLINS AVE # 2605**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME **S FRIEDON, JACK**
 STREET ADDRESS **4779 COLLINS AVE #1303**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME **S Rolando Adrian Holz**
 STREET ADDRESS **4779 COLLINS AVE # 2504**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME **D VACANTI, LOUIS**
 STREET ADDRESS **4779 COLLINS AVE #507**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME **T JOSE RODRIGUEZ**
 STREET ADDRESS **4779 COLLINS AVE. #2008**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D DIEGO PORCEL**
 STREET ADDRESS **4779 COLLINS AVE # 507**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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: *Mark Spier*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 305-219-9083
 Date Daytime Phone #