


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N00000002247</b> 1. Entity Name <b>BLUE DIAMOND CONDOMINIUM ASSOCIATION, INC.</b>	
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FILED

08 AUG 14 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4779 COLLINS AVE. MIAMI, FL 33140	Mailing Address 4779 COLLINS AVE. MIAMI, FL 33140
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07242008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF ATTN: DAVID ROGEL, ESQ</b> <b>121 ALHAMBRA PLAZA 10TH FLOOR</b> <b>CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number <b>65-0337692</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S COMPANONE, LINDA <input type="checkbox"/> Delete	TITLE	PRESIDENT COMPANONE, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4779 COLLINS AVE 3705	STREET ADDRESS	4779 COLLINS AVE. # 3705
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D FERREIRO, CARLOS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4779 COLLINS AVENUE 2703	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	P HOLZ, ROLANDO ADRIAN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4779 COLLINS AVE, # 2504	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	V FUTTERMAN, HOWARD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4779 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	T AGUILAR, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4779 COLLINS AVE 1607	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY HECTOR Sanchez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	4779 COLLINS AVE #1605
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL 33140

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: Linda Compagnone, President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

o/saw