

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 12, 2008
Secretary of State**

DOCUMENT# N00000002247

Entity Name: BLUE DIAMOND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:4779 COLLINS AVE.
MIAMI, FL 33140**New Principal Place of Business:**4779 COLLINS AVE.
400
MIAMI, FL 33140**Current Mailing Address:**4779 COLLINS AVE.
MIAMI, FL 33140**New Mailing Address:**4779 COLLINS AVE.
400
MIAMI, FL 33140

FEI Number: 65-0337692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BECKON&POLIAKOFF ATTN. DAVID ROGEL, ESQ
121 ALHAMBRA PLAZA 10TH FLOOR
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: COMPANONE, LINDA
Address: 4779 COLLINS AVE 3705
City-St-Zip: MIAMI BEACH, FL 33140Title: D () Delete
Name: FERREIRO, CARLOS
Address: 4779 COLLINS AVENUE 2703
City-St-Zip: MIAMI BEACH, FL 33140Title: S () Delete
Name: SANCHEZ, HECTOR
Address: 4779 COLLINS AVE.
City-St-Zip: MIAMI, FL 33140Title: T () Delete
Name: AGUILAR, RICHARD
Address: 4779 COLLINS AVE 1607
City-St-Zip: MIAMI BEACH, FL 33140Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: GABRIEL, MICHAEL
Address: 4779 COLLINS AVENUE 1902
City-St-Zip: MIAMI BEACH, FL 33140Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: KANE, ANDREW
Address: 4779 COLLINS AVE 604
City-St-Zip: MIAMI BEACH, FL 33140Title: D () Change (X) Addition
Name: REUS, ALEXANDER
Address: 4779 COLLINS AVE 2105
City-St-Zip: MIAMI BEACH, FL 33140

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: LINDA COMPAGNONE

P

12/12/2008

Electronic Signature of Signing Officer or Director_____
Date