2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000642

FILED Jul 24, 2006 Secretary of State

Entity Name: BLAIKIE COURT COMMERCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 1819 MAIN ST STE 610
 8278 BLAIKIE COURT

 SARASOTA, FL 34236
 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

1819 MAIN ST STE 610 SARASOTA, FL 34236

FEI Number: 20-0660762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIEFER, GLEN

4815 LAS VEGAS DR

SARASOTA, FL 34233 US

COMPTON, JOHN M

1819 MAIN STREET, SUITE 610

SARASOTA, FL 34240 US

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: JOHN M. COMPTON, ESQ. 07/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DPT (X) Change () Addition Name: KIEFER, GLEN Name: BALCAR, ROMAN

 Address:
 1819 MAIN ST STE 610
 Address:
 8278 BLAIKIE COURT

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34240

Title: DT () Delete Title: DVP (X) Change () Addition Name: PEREZ, VIRGILLIO Name: CHRISTIE, JAMES

 Name:
 PEREZ, VIRGILLIO
 Name:
 CHRISTIE, JAMES

 Address:
 1819 MAIN ST STE 610
 Address:
 8278 BLAIKIE COURT

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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: ROMAN BALCAR DPT 07/24/2006