

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007974

FILED
Apr 14, 2006
Secretary of State

Entity Name: BLUE LAGOON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3211 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134

New Principal Place of Business:

5077 NW 7TH STREET
MIAMI, FL 33126

Current Mailing Address:

3211 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134

New Mailing Address:

5077 NW 7TH STREET
MIAMI, FL 33126

FEI Number: 20-3260924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEAR, DAVID
201 ALHAMBRA CIRCLE, STE. 601
FIELDSTONE, LESTER, SHEAR & DENBERG LLP
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: DP () Delete
Name: ARIAS, MANUEL
Address: 3211 PONCE DE LEON BLVD., STE. 301
City-St-Zip: CORAL GABLES, FL 33134

Title: DVS () Delete
Name: GIL, YOSI
Address: 3211 PONCE DE LEON BLVD., STE. 301
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: BARKER, REX
Address: 3211 PONCE DE LEON BLVD., STE. 301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANUEL ARIAS

DP

04/14/2006

Electronic Signature of Signing Officer or Director

Date