2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007974

FILED Jan 30, 2007 Secretary of State

Entity Name: BLUE LAGOON CONDOMINIUM ASSOCIATION, INC.

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

5077 NW 7TH STREET M IAMI, FL 33126

Current Mailing Address: 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 ()

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

SHEAR, DAVID 201 ALHAMBRA CIRCLE, STE. 601 FIELDSTONE, LESTER, SHEAR & DENBERG LLP CORAL GABLES, FL 33134 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:

Electronic Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 ARIAS, MANUEL
 Name:

 Address:
 3211 PONCE DE LEON BLVD., STE. 301
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: DVS () Delete Title: D (X) Change () Addition

Name: GIL, YOSI Name: MEDINA, ADRIAN

Address: 3211 PONCE DE LEON BLVD., STE. 301 Address: 5077 NW 7TH STE., MANAGEMENT OFFICE

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33126

Title: DT () Delete Title: DTS (X) Change () Addition

Name: BARKER, REX Name: BARKER, REX

Address: 3211 PONCE DE LEON BLVD., STE. 301 Address: 3211 PONCE DE LEON BLVD., STE. 301

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

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: REX BARKER DTS 01/30/2007