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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05210 (2)
1. Corporation Name
THE BLUFFS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: P O BOX 1331, BOX 1331, MELBOURNE FL 32902-1331
Mailing Address: P O BOX 1331, BOX 1331, MELBOURNE FL 32902-1331

3. Date Incorporated or Qualified: 09/18/1984
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business: 21 2115 Palm Bay Rd. N.E., Suite, Apt. #, etc. Suite 3, City & State Palm Bay, FL, Zip 32905, Country U.S.A.
2a. Mailing Address: 26 2115 Palm Bay Rd. N.E., Suite, Apt. #, etc. Suite 3, City & State Palm Bay, FL, Zip 32905, Country U.S.A.

4. FEI Number: 59-2740533
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MOALLEM DAVID M
2307 COUNTRY CLUB RD -
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 981 Mandarin Dr. N.E.
83
84 City Palm Bay, FL 85 Zip Code 32905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> DELETE
NAME	MOALLEM, DAVID M.
STREET ADDRESS	2307 COUNTRY CLUB RD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	MOALLEM, DAVIE M
STREET ADDRESS	2307 COUNTRY CLUB RD
CITY-ST-ZIP	MELOURNE BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MOALLEM, DAVID M.
STREET ADDRESS	2307 COUNTRY CLUB RD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	981 Mandarin Dr. N.E.
1.4 CITY-ST-ZIP	Palm Bay, FL 32905
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	981 Mandarin Dr. N.E.
2.4 CITY-ST-ZIP	Palm Bay, FL 32905
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	981 Mandarin Dr. N.E.
3.4 CITY-ST-ZIP	Palm Bay, FL 32905
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. David Moallem* REQUIRE *ET.* Feb 13, 1997 407/724-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018532

CR2E037 (9/96)