FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N93000003944 (6)

BLAIRS' DOWNTOWN CONDOMINIUM ASSOCIATION, INC.

FILED Mar 18 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		
417 E ATLANTIC AVE		417 E ATLANTIC AVE		3. Date Incorporated or Qualified
DELRAY BEACH FL 33483		DELRAY BEACH FL 33483 US		08/30/1993
03		US		4. FEI Number Applied For
				65-0500121 Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Country	Yes □ No
24	25	⊢	10	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes You
24	9. Name and Address of Currer		<u>ю</u> ј	10. Name and Address of New Registered Agent
			81 Name P	NO E
21/ 221/12				ONIACO 110C
BIE, RONALD 417 E ATLANTIC AVENUE			dress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33483				
DECIM	DEACHTE 33403			
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named cor	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	∍of Florida. Such change was au ations of, Section 617.0503. Flori	ithorized by the corpora ida Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Agent signature requ	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	NOE, RONALD		1.2 NAME	
STREET ADDRESS	417 E ATLANTIC AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	E or exe	1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	Change Addition
HAME	GLESMANN, TERRI R		2.2 NAME	the state of the s
STREET ADDRESS	419 E ATLANTIC AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	Deter	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VD	☐ DELETE	3.1 TITLE	Li Citaline Li Addition
HAME	GLESMANN, LOUIS G		3.2 NAME	
STREET ADORESS	419 E ATLANTIC AVENUE		3.3 STREET ADORESS	
CITY-ST-ZIP	DELRAY BEACH FL D	☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE		C) orrest		C change 1 Addition
NAME	LYNN, DANIEL O 415 E ATLANTIC AVENUE		4. 2 NAME	
STREET ADDRESS	DELRAY BEACH FL		4.3 STREET ADORESS	
CITY-ST-ZIP TITLE	DELHAT DEACH FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	PFEIFFER, JO A		5.2 NAME	E Sumpe E Publish
1	417 E ATLANTIC AVENUE		5.2 TOURE 5.3 STREET ADORESS	
STREET ADDRESS	DELRAY BEACH FL			
CITY-ST-ZIP TITLE	DELINI DENOTI FL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		□ vtc.it	6.2 NAME	manage in the second of the se
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or or ag attachment with an address.

SIGNATURE:

TRONALD NOE 3/18/98 561-274-3951

(1009/)