NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000003944

BLAIRS' DOWNTOWN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

417 E ATLANTIC AVE DELRAY BEACH FL 33483

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

417 E ATLANTIC AVE DELRAY BEACH FL 33483

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90024 043 ****61.25



3. Date Incorporated or Qualifed

08/30/1993

65-0500121

4. FEI Number

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City & State	3	City & State				5. Certifcate of Status Desired		\$8.75 Ad Fee Requ	
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Zip	. Country Zip			ntry		6. Election Campaign Financing		Added to	-
24	25	29				Trust Fund Contribution	letere d		003
9. Name and Address of Current Registered Agent				-41		10. Name and Address of New R	eAlsteted	- Agus	
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319 P 417 CAR	to the provisions of Sections 617.05	02 and 617.1508. Florida S	tatutes, the a	bove	-named corp	oration submits this statement for the	purpose of	changing its re	gistered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida' Such change w ations of Section 617.0503	as authorized , Florida Stat	by tutes.	the corporation	oration stuffing this statement from the on's board of directors. Thereby accept	t the appo	illinent as regi	16.2.153
SIGNATURE	<u> </u>	- A Wife If Bookin /	NOTE: Pagistered	Aneni	signature require	d when reinstating)	DATE	 	 .
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
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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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

Applied For

Not Applicable