FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ...

DIVISION OF CORPORATIONS

1996 DOCUMENT #

718325

(4)

| BLAIR HOUSE SOUTH - A CONDOMINIUM, INC. | | | | | | | | | | | | | |
|--|---|--|---------------------|--|--------------------------------|-------------------------------------|--|---|---|--|-----------------------------|---------------------------|--|
| Principal P | lace of Business | Maili | ailing Address | | | | | | Bigg Billin Billi | I ALIAN ALAN | BIGIN BIBIN IBBE | | |
| 9100 W BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154 | | | | 9100 W BAY HARBOR DR BAY HARBOR ISLAND FL 33154 US | | | | | | 241 3 5 | | | |
| | | · English and the same of the control of the same of t | | | | | | | 3. Date Incorporated or Qualified 03/20/1970 | 1 | of Last 6)9/15/1 | 995 | |
| | al Place of Business | Į. | 2a. Mailing Address | | | | | | 4. FEI Number Applied For S9-1379288 Not Applied be | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 39 137 9200 | | | Not Applicable Additional | |
| 22 | | | | 27 | | | | | 5. Certificate of Status Desired | | | Required | |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing | — 1 | \$5.00 | May Be | |
| Zip Country | | | | [28] | | | | | Trust Fund Contribution Added to Fees | | | | |
| <i>Z</i> v _Q | 25 | Zip Coui 29 30 | | | Country | | | B. This corporation has liability for in Florida Statutes | tangible tax I Yes □ N | | 199.032, | | |
| 25 9. Name and Address of Current F | | | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | | | 81 | Na | me | | D | B | | |
| STEARNS, MYRTLE | | | | | | B2 | £4. | cont Addre | ess (P.O. Box Number is Not Acceptable | ,1 | | | |
| | W. BAY HARBOR | | | | 62 | 30 | reet Address (M.O. Box number is Not Acceptable) | | | | | | |
| BAY HARBOR ISLANDS FL 33154 | | | | | | 83 | | | | | | | |
| | | | | | | 84 | Cit | у | | FL | 85 Zip | Code | |
| 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. | | | | | | | | | | | | | |
| SIGNATUR | RE | dans developed and and | Ada Maria | 30 | Ote Chester | | | an an an an an an | Ann mincludes i | DATE | | | |
| Signature: speed or printed name of registered agent and tels; if applicative. Signature: Signatu | | | | | | Filingistered Agent signature requi | | | ADDITIONS/CHANGES TO OFFICE | | DIRECTO | | |
| TITLE | P | | | DDELETE | | 1 TITLE | ****** | | | | Change | Addition | |
| NAME | SCHMAELIN | G. RICHARD | | | 1 | 2 NAME | | | | | | _ | |
| STREET ADDR | | HARBOR DRIVE 1 | 10CE A. | | | 3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | BAY HARBO | R ISLAND FL 33154 | | | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | Ų VP | | | DELETE | 2 | 1 TITLE | | | | |) Change | Addition | |
| NAME | GOLDBERG, | | 221 | | | 22 NAME | | | | | | | |
| STREET AODR | | | | | | | ADOR | ESS | | | | | |
| CITY-ST-ZIP | BAY HARBO | /ๆ | | | 2 4 CITY-ST-ZIP | | |) | | | format a situation | | |
| TITLE | STD duin | hum, Jerry | D. | S ⊋DELETE | | 1 TITLE | | 17 | erry Quinlan 1100 W. Bay Harb Bay Harbor Isla | L. |] Change | Addition | |
| NAME STREET ADDRI | STEINER, BA | DRW N. J. J. J. 33 | | | 3.2 NAME 3.3 STREET ADORESS | | O | Unoul Ban Harb | OR DR | <u>.</u> | | | |
| CITY-ST-ZIP | BAY HARBO | 19" APP | | | 3.4 CITY-ST-ZIP | | 1 | Bay Heebon Tok | بمطح | FL | 33154 | | |
| THLE | X TAEH | | <u> </u> | DELETE | | 4 OINTS | 51 - ZIP | | Day Harder 150 | *YJJ | Change | Addition | |
| NAME | POUREAU, F | PIERRE L | | | | 2 NAME | | | | L | | | |
| STREET ADDR | | HARBOR DRIVE 2 | BW | | | 3 STREET | ADDR | ESS | 21 ["] ["] (") (") (") 4 | ************************************** | م | | |
| CITY - ST - ZIP | | R ISLAND FL 33154 | | | | 4 CITY - S | - 1 | | 40000176 -04/17/96010 | ያ ሩት ሩት ይ | 34 | | |
| TITLE | ¥566 | | | DELETE | 5 | 1 TITLE | | | ***61.25 | 22U |] Change | Addition | |
| NAME | OSIAS, BETT | | | | 5 | 2 NAME | | | | | | | |
| STREET ADDRI | | HARBOR DRIVE 5 | | | 5 | 3 STREET | ADOR | FSS | | | | | |
| CITY-ST-ZIP | BAY HARBO | R ISLAND FL 33154 | <u> </u> | | | 4 CITY - S | 1-21P | | • | | | | |
| TITLE | | | | DELETE | | 1 TITLE | | | | Ľ. |] Change | Addition | |
| NAME | | | | | | 2 NAME | | | | | | | |
| STREET ADDRE | .88 | | | | | 3 STREET | | ESS | | | | | |
| 011Y-ST-2IP | ereby certify that the in- | formation supplied with | this fil | ing is voluntarily for | | 4 CITY-S nd doe | | gualify fo | or the exemption stated in Section 119.0 | 7(3)(k) Flori | da Statut | es I further | |
| certify cath; t | that the information inc that I am an officer or c | dicated on this annual r | report o | or supplemental ann he receiver or tr ust e | nual repo se empo | ort is tru | ie an | d accurat | e and that my signature shall have the se report as required by Chapter 617, Fio | amê legal e | ffect as if | made under | |

SIGNATURE: STEARNS, MYRTLE W. Steurns SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)