

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718325 (4)

1. Corporation Name

BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

**9100 W BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154**

**9100 W BAY HARBOR DR
BAY HARBOR ISLAND FL 33154
US**

3. Date Incorporated or Qualified **03/20/1970** 3a. Date of Last Report **09/15/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-1379288** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEARNS, MYRTLE
9100 W. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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.

SIGNATURE

Signature: typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	SCHMAELING, RICHARD
STREET ADDRESS	9100 W BAY HARBOR DRIVE 10CE
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154 <i>Director</i>
TITLE	VP <input type="checkbox"/> DELETE
NAME	GOLDBERG, DAVID S
STREET ADDRESS	9100 W BAY HARBOR DRIVE 5AW
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154 <i>Director</i>
TITLE	STU <input type="checkbox"/> DELETE
NAME	STEINER, BARBARA
STREET ADDRESS	9100 W BAY HARBOR DRIVE 10BW
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154 <i>Director</i>
TITLE	LEPOUREAU, PIERRE L <input type="checkbox"/> DELETE
NAME	LEPOUREAU, PIERRE L
STREET ADDRESS	9100 W BAY HARBOR DRIVE 2BW
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154
TITLE	OSIAS, BETTY <input type="checkbox"/> DELETE
NAME	OSIAS, BETTY
STREET ADDRESS	9100 W BAY HARBOR DRIVE 5DW
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terry Quintan
3.3 STREET ADDRESS	9100 W. Bay Harbor Dr.
3.4 CITY - ST - ZIP	Bay Harbor Islands FL 33154
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	400001784464
4.4 CITY - ST - ZIP	-04/17/96--01093--007
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***61.25
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

STEARNS, MYRTLE

Myrtle W. Stearns

3/12/96 (305) 965-0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)