

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90714 027 ****61.25

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DOCUMENT # 718325
 1. Entity Name
BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.

Principal Place of Business 9100 W BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154	Mailing Address 9100 W BAY HARBOR DR BAY HARBOR ISLAND FL 33154 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1279288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALLICHE, ANTHONY A E 5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126		Name Same	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE N/A - remains the same
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANCINO, CAROL 9102 W. BAY HARBOR DR. #9AW BAY HARBOR ISLAND FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIAL, PHYLLIS 9100 W. BAY HARBOR DR. #10BE BAY HARBOR ISLAND FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECK, SHIRLEY 9102 W BAY HARBOR DR #8C-W BAY HARBOR ISLAND FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAMERINI, JANET 9102 W BAY HARBOR DR., #4CW BAY HARBOR ISLAND FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLOUGHLIN, JOHN 9100 W BAY HARBOR DR., 10C-E BAY HARBOR ISLAND FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Director <input type="checkbox"/> Delete BARASH, SYLVIA 9100 W BAY HARBOR DR., #7CE BAY HARBOR ISLAND FL 33154

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JANET RAMERINI 9102 West Bay Harbor Dr # 4CW BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL MANCINO 9102 West Bay Harbor Dr # 9AW Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lucille Lovitt 9100 West Bay Harbor Dr # 6AE Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kyle Rabin 9100 West Bay Harbor Dr # 11AE Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN MARCIAL 9100 West Bay Harbor Dr # 10BE Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIRLEY BECK 9102 West Bay Harbor Dr # 8CW Bay Harbor Islands, FL 33154

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED**

[Signature]

CR2E037 (9/01)