


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 004 ****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 ISLANDS, FL 33154 | |
| 2. Principal Place of Business - No P.O. Box # | | Mailing Address 9100 W BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 US | |
| Suite, Apt. #, etc. | | 3. Mailing Address | |
| City & State | | City & State | |
| Zip | | Country | |
| 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 | |
| YAFFE, ROBERT H ESQ. 12000 BISCAYNE BLVD., SUITE 803 MIAMI, FL 33181 | | Name 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANDSTEIN, MARTIN 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | F LANDSTEIN, MARTIN 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARCIAL, PHYLLIS 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Shabi Flores 9100 WEST BAY HARBOR DRIVE 8CE BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PRITIKIN, NATALIE 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Luz Angela Linares 9100 WEST BAY HARBOR DRIVE 3CE BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RAMERINI, JANET 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JANICE RAUZIN 9100 WEST BAY HARBOR DRIVE 6 DE BAY HARBOR ISLAND, FLA. 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MEDSKER, ROBERT 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLD, JEFF 9100 WEST BAY HARBOR DR. BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RECORDING SEC. NATALIE S. PRITIKIN <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Natalie S. Pratikin</i> | | Date: 4/1/08 Daytime Phone #: 305-865-9134 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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