


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90048 004 \*\*\*\*61.25

<b>DOCUMENT # 718325</b> 1. Entity Name <b>BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.</b>					
Principal Place of Business <b>9100 W BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154</b>			Mailing Address <b>9100 W BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1279288</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>YAFFE, ROBERT H ESQ. 12000 BISCAYNE BLVD., SUITE 803 MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           D LANDSTEIN, MARTIN 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154         </del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           F LANDSTEIN, MARTIN 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154         </del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           VP MARCIAL, PHYLLIS 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154         </del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           DIRECTOR Shabi Flores 9100 WEST BAY HARBOR DRIVE 8CE BAY HARBOR Island, FL 33154         </del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           S PRITIKIN, NATALIE 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154         </del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           DIRECTOR Luz Angela Linares 9100 WEST BAY HARBOR DRIVE 3CE BAY HARBOR Island, FL 33154         </del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           T RAMERINI, JANET 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154         </del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           DIRECTOR JANICE RAUZIN 9100 WEST BAY HARBOR DRIVE 6DE BAY HARBOR ISLAND, FLA. 33154         </del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           P MEDSKER, ROBERT 9100 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154         </del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RECORDING SEC. NATALIE S. PRITIKIN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>           D GOLD, JEFF 9100 WEST BAY HARBOR DR. BAY HARBOR ISLANDS, FL 33154         </del>				
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/1/08</b> 305-865-9134 <small>Daytime Phone #</small>		