


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

Mailing Address
 9100 W BAY HARBOR DR
 BAY HARBOR ISLANDS, FL 33154 US

40067973

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1279288

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 YAFFE, ROBERT H ESQ.
 12000 BISCAYNE BLVD., SUITE 803
 MIAMI, FL 33181

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable (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. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDSTEIN, MARTIN	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCIAL, PHYLLIS	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRITIKIN, NATALIE	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAMERINI, JANET	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEDSKER, ROBERT	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, JEFF	
STREET ADDRESS	9100 WEST BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSTEIN, MARTIN	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shabi Flores	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE 8CE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz Angela Linares	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE 3CE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE RAUZIN	
STREET ADDRESS	9100 WEST BAY HARBOR DRIVE 6 DE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FLA. 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECORDING SEC.	
STREET ADDRESS	NATALIE S. PRITIKIN	
CITY-ST-ZIP		

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: *Natalie S. Pratikin* **4/1/08** **305-865-9134**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #