


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90154 025 \*\*\*\*61.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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

~~KALICHE, ANTHONY A E  
5201 BLUE LAGOON DR  
SUITE 100  
MIAMI FL 33126~~

7. Name and Address of New Registered Agent

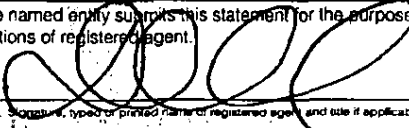
Name **DAVID ROGEL**

Street Address (P.O. Box Number is Not Acceptable)  
**5201 BLUE LAGOON DR**

**SUITE 100**

City **MIAMI** FL Zip Code **33126**

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  DATE **3/21/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAMERINI, JANET</b>	
STREET ADDRESS	<b>9102 WEST BAY HARBOR DRIVE, #4CW</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MANCINO, CAROL</b>	
STREET ADDRESS	<b>9102 WEST BAY HARBOR DRIVE, #9AW</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LOVITT, LUCILLE</b>	
STREET ADDRESS	<b>9100 WEST BAY HARBOR DRIVE, #6AZ</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RABIN, KYLE</b>	
STREET ADDRESS	<b>9100 WEST BAY HARBOR DRIVE, #11AE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCIAL, JOHN</b>	
STREET ADDRESS	<b>9100 WEST BAY HARBOR DRIVE, #10BE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>BARASH, SYLVIA</b>	
STREET ADDRESS	<b>9100 W BAY HARBOR DR, #7CE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROL MANCINO</b>	
STREET ADDRESS	<b>9102 W BAY HARBOR DR. # 9AW</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABIN, KYLE</b>	
STREET ADDRESS	<b>9100 W BAY HARBOR DR # 11AE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCIAL, JOHN</b>	
STREET ADDRESS	<b>9100 W BAY HARBOR DR # 10BE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND, FL 33154</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARASH, SYLVIA</b>	
STREET ADDRESS	<b>9100 W BAY HARBOR DR # 7CE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	

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:  DATE **3/17/03** DAYTIME PHONE # **305-865-0451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)