


**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

Zip Country Zip Country

4. FEI Number **59-1279288**

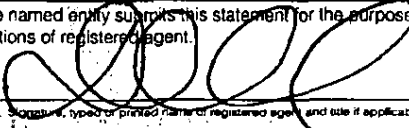
Applied For
Not Applicable

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  (NOTE: Registered Agent signature required when reinstating)

DATE **3/21/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

DATE: **3/17/03**

DAYTIME PHONE #: **305-865-0451**

CR2E037 (10/02)