

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002247

**Entity Name:** BLUE DIAMOND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC5556301660**

**Current Principal Place of Business:**

4779 COLLINS AVENUE  
400  
MIAMI, FL 33140

**Current Mailing Address:**

4779 COLLINS AVENUE  
400  
MIAMI, FL 33140

**FEI Number: 65-0337692**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKOR & POLIAKOFF ATTN. DAVID ROGEL, ESQ  
121 ALHAMBRA PLAZA 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GABRIEL, MICHAEL  
Address 4779 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name CHESTER, GORDON  
Address 4779 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name COMPAGNONE, LINDA  
Address 4779 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name REUS, ALEXANDER  
Address 4779 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name MORTENSON, CATHERINE  
Address 4779 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL GABRIEL**

**PD**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date