

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04256

Entity Name: BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3436 MARINATOWN LANE
SUITE 3
NORTH FORT MYERS, FL 33903**Current Mailing Address:**POST OFFICE BOX 152047
CAPE CORAL, FL 33915 US**FEI Number: 59-2682343****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PREMIER CAM SERVICES, LLC
3436 MARINATOWN LANE
SUITE 3
NORTH FORT MYERS, FL 33903 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	PRESIDENT
Name	BLUM, CHRISTINE
Address	PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	VP
Name	CUTLER, MIKE
Address	PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	SECRETARY
Name	HERRON, LAURA
Address	PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	TREASURER
Name	FERGUSON, EDWARD
Address	PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	DIRECTOR
Name	TRICKETT, KEN
Address	PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

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: BLUM , CHRISTINE**PRESIDENT****03/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date