

**2022 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            HARMON, CINDY  
Address        PO BOX 152047  
City-State-Zip: CAPE CORAL FL 33915

Title            SECRETARY  
Name            KEMLE, WILLIAM  
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            SMITH, RUSSELL  
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:** CHRISTINE BLUM

**PRESIDENT**

**05/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date