

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007974

**FILED**  
**Jan 30, 2015**  
**Secretary of State**  
**CC6016114859**

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

**Current Principal Place of Business:**

5077 NW 7TH STREET  
MIAMI, FL 33126

**Current Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133

**FEI Number:** 20-3260924

**Certificate of Status Desired:** No

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

MELLAW REGISTERED AGENTS, LLC  
2601 S BAYSHORE DR STE 850  
COCONUT GROVE, FL 33133 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            PRES  
Name            MARTIN, GUILLERMO  
Address        5077 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

Title            VP  
Name            CANO, ROSA  
Address        5077 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

Title            TREASURER  
Name            TEIXEIRA, YURI  
Address        5077 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

Title            SECRETARY  
Name            PRIA, RAUL  
Address        5077 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR  
Name            CHOCANO , FRANCO  
Address        5077 NW 7TH ST  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR  
Name            MACDAVI, MARVIN  
Address        5077 NW 7TH ST.  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR  
Name            STRATA, SERGIO  
Address        5077 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

*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:** GUILLERMO MARTIN

**PRESIDENT**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date