

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007974

FILED
Mar 14, 2016
Secretary of State
CC8108527547

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 US

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 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

Title SECRETARY
Name BERNUDEZ, MARIA CLAUDIA
Address 5077 NW 7TH ST.
400
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name WINSOR, LOZANO
Address 5077 NW 7TH ST.
400
City-State-Zip: MIAMI FL 33126

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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

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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