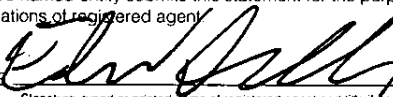
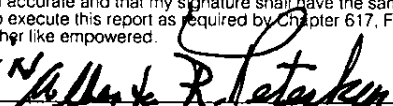


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 010 ****61.25

DOCUMENT # 707802 1. Entity Name BLAIR HOUSE ASSOCIATION INC																																																																																																																													
Principal Place of Business 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US			Mailing Address 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																											
4. FEI Number 59-1114206				Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name EDWARD DICKER ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave. South Suite 400 City West Palm Beach FL Zip Code 33409																																																																																																																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, PERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>331 TEQUESTA DR. #123</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PETERKIN, ALBERTA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>331 TEQUESTA DRIVE #209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>COBEN, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>470 TEQUESTA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BURNICK, MARITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>331 TEQUESTA DR. #116</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>TURGISS, PEG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>151 HIGH PLAIN RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ANDOVER, MA 01810</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	WOODS, PERRY		STREET ADDRESS	331 TEQUESTA DR. #123		CITY-ST-ZIP	TEQUESTA, FL 33469		TITLE	STD	☐ Delete	NAME	PETERKIN, ALBERTA		STREET ADDRESS	331 TEQUESTA DRIVE #209		CITY-ST-ZIP	TEQUESTA, FL 33469		TITLE	VD	☐ Delete	NAME	COBEN, PAUL		STREET ADDRESS	470 TEQUESTA DR		CITY-ST-ZIP	TEQUESTA, FL 33469		TITLE	D	☐ Delete	NAME	BURNICK, MARITA		STREET ADDRESS	331 TEQUESTA DR. #116		CITY-ST-ZIP	TEQUESTA, FL 33469		TITLE	D	☐ Delete	NAME	TURGISS, PEG		STREET ADDRESS	151 HIGH PLAIN RD		CITY-ST-ZIP	ANDOVER, MA 01810		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: A. R. PETERKIN  APRIL 14-2008																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
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