

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707802

FILED
Feb 13, 2009
Secretary of State

Entity Name: BLAIR HOUSE ASSOCIATION INC

Current Principal Place of Business:

1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 59-1114206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, EDWARD ESQ.
1818 ANSTRALIAN AVE . SOUTH
STE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

DICKER, EDWARD ESQ.
1818 AUSTRALIAN AVE . SOUTH
STE 400
WEST PALM BEACH, FL 33409 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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, PERRY
Address: 331 TEQUESTA DR. #123
City-St-Zip: TEQUESTA, FL 33469

Title: STD () Delete
Name: PETERKIN, ALBERTA
Address: 331 TEQUESTA DRIVE #209
City-St-Zip: TEQUESTA, FL 33469

Title: VD () Delete
Name: COBEN, PAUL
Address: 470 TEQUESTA DR
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: BURNICK, MARITA
Address: 331 TEQUESTA DR. #116
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: TURGISS, PEG
Address: 151 HIGH PLAIN RD
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TURGISS, PEG
Address: 331 TEQUESTA DR. #209
City-St-Zip: TEQUESTA, FL 33469

Title: D (X) Change () Addition
Name: MURPHY, PATRICIA
Address: 331 TEQUESTA DRIVE #208
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIMON ABREU, APM

AGEN

02/13/2009

Electronic Signature of Signing Officer or Director

Date