

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
Tallahassee, Florida 32399-0001

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **718325** (4)

95 MAY -1 PM 1:12

BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.

1. Principal Office of Business: **9100 W BAY HARBOR DR BAY HARBOR ISLAND FL 33154**
 Mailing Address: **9100 W BAY HARBOR DR BAY HARBOR ISLAND FL 33154 US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **03/20/1970**
 3a. Date of Last Report: **01/25/1994**
 4. FEI Number: **59-1379288**
 Applied For: Not Applicable:

2. Principal Office of Business: **21**
 2a. Mailing Address: **26**
 Suite Apt # etc: **22**
 Suite Apt # etc: **27**
 City & State: **23**
 City & State: **28**
 Zip: **24**
 Country: **25**
 Zip: **29**
 Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STEARNS, MYRTLE
9100 W. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83
 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE: ST	NAME: SCHMAELING, RICHARD STREET ADDRESS: 9100 W BAY HARBOR DR CITY, ST, ZIP: BAY HARBOR ISL, FL 00000	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Richard Schmaeling 9100 W. Bay Harbor Drive D Apt 106 E Bay Harbor Islands, Fla 33154
TITLE: D	NAME: RAMERINI, JANET STREET ADDRESS: 9102 W. BAY HARBOR DR. CITY, ST, ZIP: BAY HARBOR ISL, FL 00000	12 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Janet Ramerini 9102 W. Bay Harbor Drive 9B W Bay Harbor Island Florida 33154
TITLE: VD	NAME: BISHER, EMANUEL STREET ADDRESS: 9102 W BAY HARBOR DR. CITY, ST, ZIP: BAY HARBOR ISL, FL 00000	13 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Osias Bettu Su 9102 W. Bay Harbor Drive 5D W Bay Harbor Island FL 33154 D
TITLE: P	NAME: GOLDBERG, DAVID STREET ADDRESS: 9102 W BAY HARBOR DR. CITY, ST, ZIP: BAY HARBOR ISL, FL 00000	14 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Goldberg David 9102 W. Bay Harbor Dr apt 106 E Bay Harbor Islands, Fla 33154
TITLE:	NAME:	15 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	16 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

REMOVED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE: *David S. Goldberg* - **DAVID S. GOLDBERG** 4/25/95 305 863-0757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR