


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **718325** (4)

1. Corporation Name

**BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**9100 W BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154**

**9100 W BAY HARBOR DR  
BAY HARBOR ISLAND FL 33154  
US**



3. Date Incorporated or Qualified

**03/20/1970**

4. FEI Number

**59-1379288**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEARNS, MYRTLE  
9100 W. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS FL 33154**

81 Name

**BECKER & POLIAKOFF - "**

82 Street Address (P.O. Box Number is Not Acceptable)

**5201 BLUE LAGOON DR STE 100**

83

**Anthony A. Kalliche, Esquire**

84 City

**MIAMI**

FL

85

Zip Code  
**33126**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**Becker & Poliakoff, P.A.**

**2/18/98**

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **PD  
MUSKET, SYLVIA**  
STREET ADDRESS **9100 W BAY HARBOR DRIVE 10CE**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **RICHARD WAKENBERG**  
1.3 STREET ADDRESS **9102 W. BAY HARBOR DR 3DW**  
1.4 CITY-ST-ZIP **BAY HARBOR ISLAND FL.**

TITLE ☒ DELETE

NAME **VPD  
BRAIL, NANCY**  
STREET ADDRESS **9100 W BAY HARBOR DRIVE 5AW**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SPD  
STEINER BARBARA**  
2.3 STREET ADDRESS **9102 W BAY HARBOR DR 9CW**  
2.4 CITY-ST-ZIP **BAY HARBOR ISLAND FL.**

TITLE ☐ DELETE

NAME **STD  
RABIN, KYLE**  
STREET ADDRESS **9100 W BAY HARBOR DRIVE**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D  
RABIN KYLE**  
3.3 STREET ADDRESS **9100 W. BAY HARBOR DR 11AE**  
3.4 CITY-ST-ZIP **BAY HARBOR ISLAND FL.**

TITLE ☐ DELETE

NAME **T  
BEINHORN, LOUIS**  
STREET ADDRESS **9102 W. BAY HARBOR DR**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VPD  
BEINHORN LOIS**  
4.3 STREET ADDRESS **9100 W. BAY HARBOR DR 8DE**  
4.4 CITY-ST-ZIP **BAY HARBOR ISLAND FL.**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **TD  
LOVITT IRVING**  
5.3 STREET ADDRESS **9100 BAY HARBOR DR 6AE**  
5.4 CITY-ST-ZIP **BAY HARBOR ISLAND FL.**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

*[Signature]*

**2/10/98**

**305-865-0451**

CR2E037 (1097)