SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726633 (1)

1. Corporation Name
BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5701 BLUEBERRY CT LAUDERHILL FL 33313	5701 BLUEBERRY CT LAUDERHILL FL 33313

3. Date Incorporated or Qualified: 06/07/1973
3a. Date of Last Report: 08/11/1995
4. FEI Number: 59-1555034 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 8051 West McNab Road
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 Tamarac, FL
Zip 24 / Country 25	Zip 29 33321 / Country 30 USA

9. Name and Address of Current Registered Agent

GREEN, NAN
5646 BLUEBERRY CT.
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name: Ambassador Community Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 8051 West McNab Road
83
84 City: Tamarac, FL 85 Zip Code: 33321

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 _____ Steve Culotta, President Ambassador Comm. Mgmt.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	GREEN, NAN	
STREET ADDRESS	5646 BLUEBERRY CT.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VT	☒ DELETE
NAME	CALLIARD, STANLEY	
STREET ADDRESS	5747 BLUEBERRY COURT	
CITY-ST-ZIP	LAUDERDHILL FL	
TITLE	T	☒ DELETE
NAME	VASSAL, ALFONSO	
STREET ADDRESS	5803 BLUEBERRY CT.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	ST	☒ DELETE
NAME	BRYANT, THERESA	
STREET ADDRESS	5821 BLUEBERRY CT.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	A	☒ DELETE
NAME	BROWN, AMY	
STREET ADDRESS	5613 BLUBERRY COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	AT	☒ DELETE
NAME	ELEY, RON	
STREET ADDRESS	5611 BLUBERRY CT	
CITY-ST-ZIP	LAUDERHILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	☐ Change ☒ Addition
1.2 NAME	Bryant, Theresa	
1.3 STREET ADDRESS	5821 Blueberry Court	
1.4 CITY-ST-ZIP	Lauderhill, FL 33313	
2.1 TITLE	Vice Pres./Director	☐ Change ☒ Addition
2.2 NAME	Stephenson, Benjamin	
2.3 STREET ADDRESS	5608 Blueberry Court	
2.4 CITY-ST-ZIP	Lauderhill, FL 33313	
3.1 TITLE	Treas./Secy/Director	☐ Change ☒ Addition
3.2 NAME	Smith, Raymond	
3.3 STREET ADDRESS	5822 Blueberry Court	
3.4 CITY-ST-ZIP	Lauderhill, FL 33313	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Green, Nan	
4.3 STREET ADDRESS	5646 Blueberry Court	
4.4 CITY-ST-ZIP	Lauderhill, FL 33313	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Theresa Bryant 7/23/96 954-720-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President/Director