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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726633

(1)

BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business Nating Address Sol NESERBY CT Sol NEST MOUB POID TAMARC FL 30391 Sol NEST MOUB POID TAMARC FL 30391 Sol NEST MOUB POID TAMARC FL 30391 Sol Nest Moub Point Sol Nest Moub Poin | | | | | | | | | |
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| Applied For Salta | Principal Place of Business | | Mailing Address | | 1 14001111 14401 | a mala arma smaz kusa kusa ku | ALON ASON DIGIFOLDS | alêlî êjêlî lêti | |
| 2 | | | TAMARAC FL 33321 | | 06/07/ 4. FEI Number | 1973 | | Applied For | |
| Suite, Apt. 4, etc. | 2. Principa) i | Place of Rusiness | 20 Mailing Address | | | 59-155 | 5034 | | |
| Sure. Apt. #, etc. 29 City & State 27 City & State 27 City & State 28 City & State 29 Country 20 Country 20 Country 20 20 Country 20 Country 20 Country 20 Country 20 20 Country 20 Co | ⊢ − ' | Taco of Business | ⊢ ¬ * | | | 6. Certificate of | Status Desired | | |
| Trust Fund Contribution Added to Feee City & State 29 Trust Fund Contribution Added to Feee 29 City & State 29 Country Zip Country Zip Country Zip State State City & State Stat | Suite, Apt | t. #, etc. | | | | 6. Election Cam | paign Financing | | |
| 20 20 20 20 20 20 20 20 | | -4- | | | | | | Added | to Fees |
| 22 25 20 Personal Proporty Tax due June 30. Yes E/No 8. Name and Address of Current Registered Agent | 23 | | — ` | | 7. Is this nonpro | 7. Is this nonprofit corporation a home where association and of Yes \(\sigma\) No | | | |
| 9. Name and Address of Current Registered Agent AMBASSADOR COMMUNTY MANAGEMENT INC 8051 WEST MCNAB ROAD TAMARAC FL 33321 81 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 831. Pursuant to the provisions of Sections 517,0502 and 617,1508, Florida Statutes, the above-named corporation submits this sitatement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in a familiar with, and accept the obligations of, Section 817,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida Statutes. SIGNATURE SIGNA | | — · | | <u> </u> | | | | | |
| AMBASSADOR COMMUNTY MANAGEMENT INC 8051 WEST MONAB ROAD TAMARAC FL 33321 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 | 24 | | | 30 | | | | | M No |
| 8051 WEST MCNAB ROAD TAMARAC FL 33321 81 82 City FL 85 City FL | | | Total Control of the | | 31 Name | TO. ISBINO AND A | daless of real rega | steled Agent | |
| ### City ### | AMBAS | SADOR COMMUNTY MANAGE | MENT INC | | 2 Ctront | Ideana (D.O. Bay Numb | ar in Alah Assautahia | | |
| ### City FL 85 Zip Code ### Ci | 8051 W | VEST MCNAB ROAD | | [' | 30 90 | idress (P.O. Box Numi | er is Not Acceptable) | , | |
| T1. 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 of 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE | TAMAR | AC FL 33321 | | | 33 | | | | • |
| Street Address Stre | | | | Ī | 64 City | | | Fi 85 Zir | Code |
| SIGNATURE Signature hyped or private name of regulatered agent and little if applicable (NOTE: Registered Agent algorithms required when retretating) DATE | 11. Pursuant | t to the provisions of Sections 617.0 | utes, the ab | ove-named | propretion submits this | statement for the purp | pose of changing | its registered | |
| Signature, hyped or priviled name of registered appent and title if applicable (NOTE Registered Appent signature required when retretating) DATE | agent. I a | am familiar with, and accept the ob | oligations of, Section 617.0503, F | lorida Statu | tes. | ration's board of direct | ors. I nereby accept t | ne appointment a | s registered |
| TITLE PD DELETE 1.1 TITLE BRYANT, THERESA STREET ADDRESS CITY-ST-ZP TITLE VPD MAKE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TO DELETE 2.1 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZP TITLE Change Addition Addit | SIGNATURE | | | | | | | | |
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| STREET ADDRESS 6.3 STREFT ADDRESS | TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE | PD BRYANT, THERESA 5821 BLUEBERRY COURT LAUDERHILL FL VPD STEPHENSON, BENJAMIN 5808 BLUEBERRY COURT LAUDERDHILL FL STD SMITH, RAYMOND 5822 BLUEBERRY COURT LAUDERHILL FL D GREEN, NAN 5846 BLUEBERRY COURT LAUDERHILL FL Valarie Wanza | DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITL 1.2 MAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STRI 5.4 CITY 6.1 TITL 6.1 TITL 6.1 TITL 6.2 NAA 6.1 TITL 6.2 NAA 6.1 TITL 6.2 NAA 6.1 TITL 6.3 NAA 6.1 TITL 6.2 NAA 6.1 TITL 6.1 TITL 6.1 TITL 6.1 TITL 6.1 TITL 6.2 NAA 6.1 TITL 6.1 TI | E AE | | | RS AND DIRECTO Change Change Change | Addition Addition Addition Addition |

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 of 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 of an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

954-720-1677

FILED

Apr 09 1998 8:00am

Secretary of State

2E037 (10/97)