

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726633

1. Entity Name

BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5701 BLUEBERRY CT
LAUDERHILL FL 33313

Mailing Address

8051 WEST MCNAB ROAD
TAMARAC FL 33321-3254
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1555034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBASSADOR COMMUNITY MANAGEMENT INC
8051 WEST MCNAB ROAD
TAMARAC FL 33321

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BRYANT, THERESA	
STREET ADDRESS	5821 BLUEBERRY COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VPD	☐ Delete
NAME	STEPHENSON, BENJAMIN	
STREET ADDRESS	5608 BLUEBERRY COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TS	☐ Delete
NAME	WANZA, VALERIE	
STREET ADDRESS	5614 BLUEBERRY CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	☐ Delete
NAME	SMITH, RAY SR	
STREET ADDRESS	5822 BLUEBERRY COURT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	☐ Delete
NAME	COLE, DESLYN	
STREET ADDRESS	5805 BLUEBERRY COURT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)