2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

| DOCUMENT # 726633 1. Entity Name BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC. | | | | | 02 | 3-29-2004 900 |)44 047 ****6 | 1.25 | |
|---|--|---|---|-------------------------------------|---|--|--|--|--|
| Principal Place of Business 5701 BLUEBERRY CT LAUDERHILL, FL 33313 Principal Place of Business 5700 WEST COMMERCIAL BLV SUITE 107 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | g-NP CF | R2E037 (10/03) | | |
| City & State | | City & State | | | 4. FEI Number 59-1555034 | ļ. | | plied For t Applicable | |
| 33319 | | Zip | Country | | 5. Certificate of State | tus Desired | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current R | legistered Agent | N A mo. | - | 7. Name and Addre | ess of New Regist | ered Agent | | |
| AMBASSADOR COMMUNTY MANAGEMENT INC 8051 WEST MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 | | | | | | | c. 107 | | |
| TAMARAC, FL 33321 | | | | (my deshill | | | | | |
| | | | City | ענינ | | | FL Zip Code | 101 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| Storie Culatte Storie Culate Provident 3/8/2004 | | | | | | | | | |
| ar area area area area area area area a | Signature, typed or printed name of registered agent at | nd title if applicable (NOTE | : Registered Acent signa | ture required | when reinstating) | | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Carr Trust Fund C | npaign Financing Contribution. | | \$5.00 May Be Added to Fees | | check payable to Department of St | | |
| 10. | OFFICERS AND DIR | | 11. | | ADDITIONS/CHANGE | S TO OFFICERS A | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRYANT, THERESA 5821 BLUEBERRY COURT LAUDERHILL, FL | X Delete | NAME STREET ADDRESS CITY-ST-ZIP | 565 | land Harri 55 Blueber declale La | y Cowt | | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD POWELL, PAULINE B 5635 BLUEBERRY CT FORT LAUDERDALE, FL 33313 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD | | | Change Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEPHENSON, BENJAMIN 5608 BLUEBERRY COURT LAUDERHILL, FL 33313 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP. | D | | Change Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Enio 1400 | Surset Ski | P 3 5313 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | Syd 1881 | nay Brown | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | , | ☐ Change | Addition | |
| 12. I hereby indicated of the corchanged | certify that the information supplied with l on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an agrees, y | this filing does not qualify for true and accurate and that re- wered to execute this report with all other like empowered | r the exemption st my signature shall as required by Ch | ated in Se have the napter 61 | ection 119.07(3)(i), Flo same legal effect as if 7, Florida Statutes; and | rida Statutes. I furth i made under oath; d that my name app | ner certify that the in that I am an officer bears in Block 10 o | nformation or director r Block 11 if | |