## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # 726633  1. Entity Name BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.				05-05-2008 90261 048 ****61.25		
7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319		Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US				
55701 Blueberry Ct.		3. Mailing Address 5701 Blueberry Ct.		I IODIN ISOJA NJETE CINA BINAD HIKA NIJ BIDIK ALDIK BIDIK		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008 Chg-NP CR2E037 (12/06)		
City & State Lauderhill, FL		City & State Lauderhill, FL		4. FEI Number Applied For 59-1555034 Not Applicable		
.Zip	Country		Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
33313	6. Name and Address of Current R			7. Name and Address of New Registered Agent		
AMBASSADOR COMMUNTY MANAGEMENT INC 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319				ker & Tighe, P.A. ss (P.O. Box Number is Not Acceptable)		
EAGERNIEE, LE 33313				800 E. Broward Blvd., Suite 710		
City Fort Lauderdale FL 33301						
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.  SIGNATURE  Signaylie, typed or printed name of registered agent and title ij opticable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Pfling Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State						
10.	OFFICERS AND DIR		TITLE D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME STREET ADDRESS CITY-ST-ZIP	SILLS, LES 5740 BLUEBERRY COURT FORT LAUDERDALE, FL 33313		NAME STREET ADDRESS CITY-ST-ZIP	lurtha, John 601 Blueberry Ct.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, PAULINE B 5635 BLUEBERRY CT FORT LAUDERDALE, FL 33313		NAME STREET ADDRESS	auderhill, FL 33313 PD ills, Ronald 740 Blueberry Ct.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, DARLETTE 5606 BLUEBERRY COURT FORT LAUDERDALE, FL 33313	N	NAME STREET ADDRESS	auderhill, FL 33313  Uchange Addition  Uodge-McGlocking, Janice  10 Blueberry Ct.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, RENNE L 5606 BLUEBERRY COURT FORT LAUDERDALE, FL 33313	,	TITLE L NAME STREET ADDRESS	auderhill, FL 33313 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRISOCE, MARJORIE 5649 BLUEBERRY COURT FORT LAUDERDALE, FL 33313			auderhill, FL 33313 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

| Chapter And Type And Type OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR. | Daving Proce 5.

TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Daytime Phone #