2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726633

FILED Mar 14, 2009 Secretary of State

Entity Name: BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5701 BLUEBERRY CT LAUDERHILL, FL 33313

Current Mailing Address: New Mailing Address:

5701 BLUEBERRY CT

LAUDERHILL, FL 33313 US

FEI Number: 59-1555034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUCKER & TIGHE PA 800 E BROWARD BLVD STE 710 FORT LAUDERDALE, FL 33301 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MURTHA, JOHN SILLS, RONNIÉ Name: Name: 5601 BLUEBERRY CT Address: 5740 BLUEBERRY CT Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

Title: VD () Delete Title: VD (X) Change () Addition SILLS, RONALD Name: SMITH, RAYMOND Name:

Address: 5740 BLUEBERRY CT Address: 5822 BLUEBERRY CT City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete Title: () Change () Addition

HALL, DARLETTE Name: Name: 5606 BLUEBERRY COURT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name: HODGE-MCGLOCKING, JANICE Name: LAMER, JUDITH 5610 BLUEBERRY CT 5817 BLUEBERRY CT Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

Title: () Delete Title: (X) Change () Addition

SMITH, RAYMOND SMITH-LEWIS, RENEE Name: Name: 5822 BLUEBERRY CT 5664 BLUEBERRY CT Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SULLIVAN - GRACE COMMUNITY MANAGE **PRES** 03/14/2009