2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

LAUDERHILL FL 33319

Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

SUITE 107

7100 WEST COMMERCIAL BLVD

DOCUMENT # 726633

1. Entity Name

Principal Place of Business

2. Principal Place of Business

- 8051 WEST MCNAB ROAD

5701 BLUEBERRY CT

LAUDERHILL FL 33313

Suite, Apt. #, etc.

City & State

Zip

BLUEBERRY HILL CONDOMINIUM ASSOCIATION, INC.

Country

AMBASSADOR COMMUNTY MANAGEMENT INC

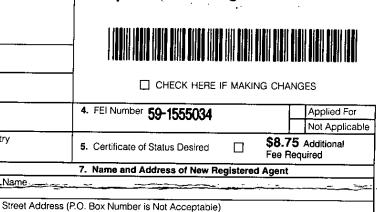
6. Name and Address of Current Registered Agent



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 91019 027 ****61.25

10040924



, IAMAHA	C FL 33321		ĺ				
			City		FL	Zip Coc	le ,
8. The above the obliga	e named entity submits this statement for the purplications of registered agent.	pose of changing its re	gistered office of	or registered agent, or both, in the	ne State of Florida. I am far	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: R	legistered Agent signa	ature required when reinstating)	DATE	.	<u>.</u>
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRECTORS	3	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, THERESA 5821 BLUEBERRY COURT LAUDERHILL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	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	د د استان المحدد] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUY, ENID 5732 BLUEBERRY CT LAUDERHILL FL 33313	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Benjamia Stepher 5008 Bluebery Cour Laudehill, IZ 33	150A T 313] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition

Country

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 frustee 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: