2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am **Secretary of State**

01-17-2006 90242 048 ****61.25

		
DOCUME	NT # N020) <u></u>



BLEAU GROTTO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 60002426 9440-9460 FOUNTAINBLEAU BLVD 275 FONTAINEBLEAU BLVD., STE. 200 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 54-2109748 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LACHTERMAN, STEVEN ESQ Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE **STE 700** MIAMI, FL 33131 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D Delete Change Addition TITLE JORGE LOSABA NAME RODRIGUEZ, OLGA NAME 275 FONTAINEBLEAU BLUD, STE 200 STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE. 200 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP VΡ Delete TITLE ICE GUEDES SUAREZ, LUIS 5, FONTAINBLEAU BLUD, SUITE 200 NAME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE.200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MIAMIFL33172 TITLE TITLE NAME GARCIA, ANGEL NAME 275 FONTAINBLEAU BLUD, SUITEZOO MIAMI, FL 33172 275 FONTAINEBLEAU BLVD, STE.200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE LESLIE MARURI NAME NAME 275 FONTAINBLEAU BLUD. SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PAOLA CRUZATION BLUD, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Срапое NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 suppowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TORGE LOSADA

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