2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# N02000009877

Entity Name: BLEAU GROTTO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9440-9460 FOUNTAINBLEAU BLVD
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD., STE. 200
MIAMI, FL 33172

New Mailing Address:

FEI Number: 54-2109748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACHTERMAN, STEVEN ESQ
848 BRICKELL AVE
STE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: LOSADA, JORGE
Address: 275 FONTAINEBLEAU BLVD, STE. 200
City-St-Zip: MIAMI, FL 33172

Title: V ( ) Delete
Name: GUEDES, ALICE
Address: 275 FONTAINEBLEAU BLVD, STE.200
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete
Name: MARURI, LESLIE
Address: 275 FONTAINEBLEAU BLVD, STE.200
City-St-Zip: MIAMI, FL 33172

Title: T ( ) Delete
Name: MARURI, LESLIE
Address: 275 FONTAINEBLEAU BLVD, STE 200
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: CRUZAT, PAOLA
Address: 275 FONTAINEBLEAU BLVD, STE 200
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GUEDES, ALICE
Address: 275 FONTAINEBLEAU BLVD, STE.200
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE GUEDES P 02/08/2006

Electronic Signature of Signing Officer or Director — Date