

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 22 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009877 1. Entity Name BLEAU GROTTO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9440-9460 FONTAINEBLEAU BLVD MIAMI, FL 33172			Mailing Address 275 FONTAINEBLEAU BLVD., STE. 200 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address <i>c/o THE 12 Houses Propriet Corp</i> <i>P O Box 45756</i>		05012006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 54-2109748	
City & State MIAMI		City & State MIAMI		Applied For Not Applicable	
Zip FL		Country 33245		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LACHTERMAN, STEVEN ESQ 848 BRICKELL AVE STE 700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>Rosa de la Carerra</i> Street Address (P.O. Box Number is Not Acceptable) <i>ALHAMBRA TOWERS</i> <i>121 ALHAMBRA PLAZA 10th FL</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>		
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 <i>Manuela Carerra for Becker + Poliakoff, P.A.</i> DATE <i>5/31/06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GUEDES, ALICE STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE.200 CITY-ST-ZIP MIAMI, FL 33172	☐ Delete		TITLE DUP NAME Alice Guedes STREET ADDRESS 9460 Fontainebleau Blvd #119 CITY-ST-ZIP MIAMI FL 33172	☒ Change ☐ Addition	
TITLE S NAME MARURI, LESLIE STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE.200 CITY-ST-ZIP MIAMI, FL 33172	☒ Delete		TITLE DP NAME ANGEL GARCIA STREET ADDRESS 9460 FONTAINEBLEAU BLVD #223 CITY-ST-ZIP MIAMI FL 33172	☐ Change ☒ Addition	
TITLE T NAME MARURI, LESLIE STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE 200 CITY-ST-ZIP MIAMI, FL 33172	☒ Delete		TITLE DT NAME JUAN C MOY STREET ADDRESS 9440 FONTAINEBLEAU BLVD #416 CITY-ST-ZIP MIAMI FL 33172	☐ Change ☒ Addition	
TITLE D NAME CRUZAT, PAOLA STREET ADDRESS 275 FONTAINEBLEAU BLVD, STE 200 CITY-ST-ZIP MIAMI, FL 33172	☒ Delete		TITLE DS NAME ROSALBA GOMEZ STREET ADDRESS 9460 FONTAINEBLEAU BLVD #222 CITY-ST-ZIP MIAMI FL 33172	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE D NAME NAUDO GUZMAN STREET ADDRESS 9460 FONTAINEBLEAU BLVD #120 CITY-ST-ZIP MIAMI FL 33172	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>5/1/06</i> Daytime Phone # <i>786-797-0572</i>		