2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90120 032 ****61.25

DOCUMENT # N02000009877

1. Entity Name
BLEAU GROTTO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9440-9460 FOUNTAINBLEAU BLVD MIAMI, FL 33172	C/O THE 12 HOUSES PROP W/GMT CORP. P.O. BOX 452756 MIAMI, FL 33245 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
54-2109748
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LA CAUARAN, ROSA DE
ALHAMBRA TOWERS
121 ALHAMBRA PLAZA 10TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name DE LA CAMARA, ROSA
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GUEDES, ALICE 9460 FONTAINBLEAU BLVD, # 119 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, ANGEL 9460 FONTAINBLEAU BLVD, # 223 MIAMI, FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, HUMBERTO G 9460 FOUNTAINEBLEAU BLVD #223 MIAMI FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOY, JUAN C 9440 FONTAINBLEAU BLVD, # 416 MIAMI, FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROMOSO, MARIA A 9460 FOUNTAINEBLEAU BLVD #424 MIAMI FL 33172.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GOMEZ, ROSA E 9460 FONTAINBLEAU BLVD, # 132 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUZUAN, NANDO 9460 FONTAINBLEAU BLVD, # 120 MIAMI, FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GUEVARA, RAMON 9440 FOUNTAINEBLEAU BLVD #118 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: _____ 1/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #