FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 10 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05983 (4)

1. Corporation Name

BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18325 COLLINS AVE #406 MIAMI BEACH FL 33160	18325 COLLINS AVE #406 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2456699 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 18325 COLLINS AVE	2a. Mailing Address 26 18325 COLLINS AVE
Suite, Apt. #, etc. 22 C3	Suite, Apt. #, etc. 27 C3
City & State 23 MIAMI BEACH FL	City & State 28 MIAMI BEACH FL
Zip / Country 24 33160 / 25	Zip / Country 29 33160 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EISINGIER, DENNIS, ESQ. 19495 BISCAYNE BLVD #606 NORTH MIAMI BEACH FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE SD	D	☑ Change ☐ Addition
NAME	KEEFE, PAT	1.2 NAME	DALFEN, RHONA	
STREET ADDRESS	18325 COLLINS AVE. #405	1.3 STREET ADDRESS	18325 COLLINS A C4	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	2.1 TITLE TD	SECRETARY TREASURER	☑ Change ☐ Addition
NAME	COUSINEAU, GILLES	2.2 NAME	DUPUIS, RAYMOND	
STREET ADDRESS	18325 COLLINS AVE #507	2.3 STREET ADDRESS	18325 COLLINS Ave #504	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	3.1 TITLE VD	VICE-PRESIDENT	☐ Change ☐ Addition
NAME	DESJARDINES, CLAUDE	3.2 NAME	DESJARDINS, CLAUDE	
STREET ADDRESS	18325 COLLINS AVE #506	3.3 STREET ADDRESS	(CORRECTION SPELLING & TITLE)	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE PD	PRESIDENT	☐ Change ☐ Addition
NAME	SILVERS, ROSE	4.2 NAME	SILVERS, ROSE	
STREET ADDRESS	18325 COLLINS AVE. 406	4.3 STREET ADDRESS	(CORRECTION	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE VD	DIRECTOR	☑ Change ☐ Addition
NAME	STEIER, ERIC	5.2 NAME	CANGIANO, JOSE	
STREET ADDRESS	18325 COLLINS AVE. 620	5.3 STREET ADDRESS	18325 COLLINS Ave	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dupuis RAYMOND DUPUIS Feb. 1 '95 931-2393
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0045400