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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05983** (4)

1. Corporation Name

BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160
US

18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160-2446
US

3. Date Incorporated or Qualified
11/02/1984

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2456699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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.
4000 HOLLYWOOD BLVD., #265 S.
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **DALFEN, RHONA**
STREET ADDRESS **18325 COLLINS C4**
CITY - ST - ZIP **MIAMI BEACH FL**

11 TITLE **D** ☒ Change ☐ Addition
12 NAME **PIQUETTE, GUY**
13 STREET ADDRESS **18325 COLLINS #201**
14 CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **ST** ☐ DELETE
NAME **DUPUIS, RAYMOND**
STREET ADDRESS **18325 COLLINS AVE #504**
CITY - ST - ZIP **MIAMI BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **VP** ☐ DELETE
NAME **DESJARDINS, CLAUDE**
STREET ADDRESS **18325 COLLINS AVE #506**
CITY - ST - ZIP **MIAMI BEACH FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **P** ☐ DELETE
NAME **SILVERS, ROSE**
STREET ADDRESS **18325 COLLINS AVE. 406**
CITY - ST - ZIP **MIAMI BEACH FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **CANGIANO, JOSE**
STREET ADDRESS **18325 COLLINS AVE**
CITY - ST - ZIP **MIAMI BEACH FL**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **STRIER, ERIC**
53 STREET ADDRESS **18325 COLLINS #620**
54 CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

Raymond Dupuis **RAYMOND DUPUIS** Jan 5/97 305-931-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031475

CR2E037 (9/96)