

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90048 050 ****61.25

0032904

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05983

1. Corporation Name

BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

144262 - 90048 - 50

Principal Place of Business

18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160
US

Mailing Address

18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/02/1984

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

9. Name and Address of Current Registered Agent

EISINGIER, DENNIS, ESQ.
4000 HOLLYWOOD BLVD., #265 S.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PIQUETTE, GUY
STREET ADDRESS 18325 COLLINS #201
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE VPD
NAME DESJARDINS, CLAUDE
STREET ADDRESS 18325 COLLINS AVE #506
CITY-ST-ZIP MIAMI BEACH FL

TITLE PD
NAME SILVERS, ROSE
STREET ADDRESS 18325 COLLINS AVE. 406
CITY-ST-ZIP MIAMI BEACH FL

TITLE S
NAME BOSLOY, NOREEN
STREET ADDRESS 18325 COLLINS #619
CITY-ST-ZIP MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D
1.2 NAME CLAUDE DESJARDINS
1.3 STREET ADDRESS 18325 COLLINS AVE #506
1.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

2.1 TITLE VPD
2.2 NAME PIQUETTE, GUY
2.3 STREET ADDRESS 18325 COLLINS AVE #201
2.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

3.1 TITLE SD
3.2 NAME BOSLOY, NOREEN
3.3 STREET ADDRESS 18325 COLLINS #619
3.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

4.1 TITLE TD
4.2 NAME LOPEZ, PEDRO
4.3 STREET ADDRESS 1527 BARCOA AVE
4.4 CITY-ST-ZIP CORAL GABLES, FL 33146

5.1 TITLE D
5.2 NAME BOSCH, ALINA
5.3 STREET ADDRESS 18325 COLLINS #205
5.4 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Noreen Bosloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)