

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90712 017 ****61.25

DOCUMENT # N05983

1. Entity Name

**BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIAT
ION, INC.**

Principal Place of Business

Mailing Address

18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160
US

18325 COLLINS AVE
#C3
SUNNY ISLES BCH FL 33160
US

2. Principal Place of Business

3. Mailing Address

18325 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C3

City & State

City & State

SUNNY ISLES BEACH, FL

Zip

Country

Zip

Country

33160

USA

4. FEI Number

59-2456699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DESARDINS, CLAUDE**
STREET ADDRESS **18325 COLLINS AVENUE, #506**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **CANGIANO, JOE**
STREET ADDRESS **7215 NW 63RD WAY**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BOSLOY, NOREEN**
STREET ADDRESS **18325 COLLINS AVE #618**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **SD** ☒ Change ☐ Addition
NAME **BOSLOY, NOREEN**
STREET ADDRESS **18325 COLLINS AVE #619**
CITY-ST-ZIP **SAME**

TITLE **D** ☐ Delete
NAME **YENNER, DAN**
STREET ADDRESS **18325 COLLINS AVE UNIT 604**
CITY-ST-ZIP **SUNNY ISLES BCH FL 33160**

TITLE **VD** ☒ Change ☐ Addition
NAME **YENNER, DAN**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **HARRIS, SUNNY**
STREET ADDRESS **18325 COLLINS AVE, #C4**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **PIQUETTE, GUY**
STREET ADDRESS **18325 COLLINS AVE #201**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

12. 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 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: NOREEN BOSLOY, NOREEN BOSLOY, SECRETARY/DIRECTOR 03/26/02 (305) 931-2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0025413