2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05983

FILED Jul 04, 2007 Secretary of State

Entity Name: BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal F	Place of Business:
	LINS AVE	i illioipui i	
#C3	LLINO AVE		
SUNNY ISI	LES BEACH, FL 33160 US		
Current M	ailing Address:	New Mailing Ad	ddress:
	LINS AVE		
#C3 SUNNY ISI	LES BCH, FL 33160 US		
ln accordan	59-2456699 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei Address of Current Registered Agent:		() Certificate of Status Desired () ress of New Registered Agent:
		Name and Addi	ress of New Registered Agent.
	JNALD A. LINS AVE. 31ST. FLOOR LES BEACH, FL 33160 US		
	named entity submits this statement for the purpose of Florida.	e of changing its reg	gistered office or registered agent, or both,
	of Florida.	e of changing its reg	gistered office or registered agent, or both,
in the State	of Florida.	e of changing its reg	gistered office or registered agent, or both, Date
in the State	e of Florida.		
in the State SIGNATUF	e of Florida. RE: Electronic Signature of Registered Agent		Date
in the State SIGNATUF OFFICERS Title: Name:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete SALMON, EDUARDO	ADDITIONS/CH Title: Name:	Date IANGES TO OFFICERS AND DIRECTOR
in the State SIGNATUF OFFICERS Title: Name: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete SALMON, EDUARDO 18001COLLINS AVENUE,	ADDITIONS/CH Title: Name: Address:	Date IANGES TO OFFICERS AND DIRECTOR
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO SALMON PD 07/04/2007