

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05983

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

18325 COLLINS AVE
#C3
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18325 COLLINS AVE
#C3
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 59-2456699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALMON, JORGE E P
18325 COLLINS AVENUE UNIT C3
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALMON, JORGE E
Address: 18325 COLLINS AVENUE UNIT C3
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: STD () Delete
Name: MOSS, DONALD
Address: 18325 COLLINS AVENUE UNIT C3
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VD () Delete
Name: RIVERA, ERIK
Address: 18325 COLLINS AVENUE UNIT C3
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE E. SALMON

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date