2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000009091

Entity Name: BLUE RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

230 PARK AVENUE, 12TH FLOOR
NEW YORK, NY 10169

New Principal Place of Business:

Current Mailing Address:

230 PARK AVENUE, 12TH FLOOR
NEW YORK, NY 10169

New Mailing Address:

C/O THE CONTINENTAL GROUP INC.
11981 SW 144 CT. SUITE 201
MIAMI, FL 33186

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS OF FLORIDA, L.L.C.
100 SOUTHEAST SECOND STREET
SUITE 2900
MIAMI, FL 331312130 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: SCHAUPP, RICHARD
Address: 230 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

Title: VPD ( ) Delete
Name: CACCIAPAGLIA, DAVID
Address: 230 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

Title: STD ( ) Delete
Name: HOLMAN, GLENN
Address: 230 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

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: GLENN HOLMAN STD 04/22/2009

Electronic Signature of Signing Officer or Director — Date