

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009091

FILED  
Apr 18, 2011  
Secretary of State

**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:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DR. STE. 310  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DRIVE  
SUITE 310  
MIAMI, FL 33126

**New Mailing Address:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DR. STE. 310  
MIAMI, FL 33126

**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  
Name: SCHAUPP, RICHARD  
Address: 230 PARK AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10169

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

Title: ST  
Name: COMMORATO, EILEEN  
Address: 5805 BLUE LAGOON DR. STE 310  
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: RICHARD SCHAUPP

PD

04/18/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date