2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008265

FILED Jan 23, 2009 Secretary of State

Entity Name: BLUE SKIES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5200 CENTRAL AVENUE 6505 GULF BLVD

ST PETERSBURG, FL 33707 ST PETE BEACH, FL 33706

Current Mailing Address: New Mailing Address:

5200 CENTRAL AVENUE 6505 GULF BLVD

ST PETERSBURG, FL 33707 ST PETE BEACH, FL 33706

FEI Number: 35-2255652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAHAM, PETER D SEIMETZ, MICHAEL F 5200 CENTRAL AVENUE 6505 GULF BLVD

ST PETERSBURG, FL 33707 US ST PETE BEACH, FL 33706 US

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: MICHAEL SEIMETZ 01/23/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

ST PETE BEACH, FL 33706

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ST PETE BEACH, FL 33706

itle: PTD () Delete Title: () Change () Addition

 Name:
 ANDERSON, WILLIAM M
 Name:

 Address:
 778 MONTE CRISTO BLVD
 Address:

 City-St-Zip:
 TIERRA VERDE, FL 33715
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: SEIMETZ, MICHAEL Name: SEIMETZ, MICHAEL Address: 4615 GULF BLVD #120 Address: 6505 GULF BLVD

Title: S () Delete Title: S (X) Change () Addition

Name: SEIMETZ, MICHAEL Name: SEIMETZ, MICHAEL

 Address:
 4615 GULF BLVD #120
 Address:
 6505 GULF BLVD

 City-St-Zip:
 ST PETE BEACH, FL 33706
 City-St-Zip:
 ST PETE BEACH, FL 33706

Title: D () Delete Title: () Change () Addition

 Name:
 GRAHAM, PETER
 Name:

 Address:
 5200 CENTRAL AVENUE
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33707
 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: MICHAEL SEIMETZ VPD 01/23/2009