

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002203 (6)**

1. Corporation Name

**BLAIRS' ARCADE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1152 LOWRY STREET DELRAY BEACH FL 33483 411 E. ATLANTIC AVE DELRAY BEACH, FL 33483</b>	Mailing Address <b>1152 LOWRY STREET DELRAY BEACH FL 33483 411 E. ATLANTIC AVE DELRAY BEACH, FL 33483</b>
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2. Principal Place of Business <b>21 411 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>22 C/O PETER'S STONE CRABS</b> City & State <b>23 DELRAY BEACH, FL</b> Zip <b>24 33483</b>	2a. Mailing Address <b>25 411 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>26 C/O PETER'S STONE CRABS</b> City & State <b>27 DELRAY BEACH, FL</b> Zip <b>28 33483</b>
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3. Date Incorporated or Qualified <b>05/03/1995</b>	4. FEI Number <b>65-0591441</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>BLAIR, LEO A 1152 LOWRY STREET DELRAY BEACH FL 33483</b>	10. Name and Address of New Registered Agent <b>81 Name JAMES GUTTUSO 82 Street Address (P.O. Box Number is Not Acceptable) 411 E. ATLANTIC AVENUE 83 84 City Delray Beach FL 85 Zip Code 33483</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **5/20/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLAIR, LEO A</b>		1.2 NAME <b>Gracie Finkel Freedman</b>	
STREET ADDRESS <b>1152 LOWRY STREET</b>		1.3 STREET ADDRESS <b>411 E. ATLANTIC AVE</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>		1.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLAIR, JOAN M</b>		2.2 NAME <b>JOANNE TCHIN</b>	
STREET ADDRESS <b>1152 LOWRY STREET</b>		2.3 STREET ADDRESS <b>411 E. ATLANTIC AVE.</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>		2.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GWYNN, WILLIAM E</b>		3.2 NAME <b>JAMES GUTTUSO</b>	
STREET ADDRESS <b>181 N.E. 5TH AVENUE</b>		3.3 STREET ADDRESS <b>411 E. ATLANTIC AVENUE</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>		3.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/18/98**

CP2E037 (10/97)