

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90034 023 ****61.25

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1. Entity Name
BLAIRS' ARCADE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**250 WORTH AVENUE, UNIT 4
PALM BEACH, FL 33480 US**

Mailing Address

**250 WORTH AVENUE, UNIT 4
PALM BEACH, FL 33480 US**



01132004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0591441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANDESMAN, BURTON
250 WORTH AVE.
PALM BEACH, FL 33480**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME HANDELSMAN, BURTON
STREET ADDRESS 250 WORTH AVENUE, UNIT 4
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VTD
NAME HANDELSMAN, STEVEN
STREET ADDRESS 18 HOTEL DRIVE
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE VD
NAME HANDELSMAN, DEBRA
STREET ADDRESS 18 HOTEL DRIVE
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE D
NAME HANDELSMAN, LUCILLE
STREET ADDRESS 250 WORTH AVENUE, UNIT 4
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME STOCKER, MARSHA
STREET ADDRESS 18 HOTEL DRIVE
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #