

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002203**

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**



02222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000287790  
04/04/05-80081-025 61.25

**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)(f), 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 #