

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165846

Entity Name: BLR CONDO MANAGEMENT, INC.

FILED
Sep 12, 2005
Secretary of State

Current Principal Place of Business:

100 E LINTON BLVD STE 503
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

RR #5, BOX 5199
EAST STROUDSBURG, PA 18301

New Mailing Address:

FEI Number: 56-2491669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERARDI, MICHAEL
100 E LINTON BLVD STE 503
DELRAY BEACH, FL 33483 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERARDI, MICHAEL
Address: 100 E LINTON BLVD STE 503
City-St-Zip: DELRAY BEACH, FL 33483

Title: V () Delete
Name: LUBECK, JOSEPH
Address: 825 PKWY ST STE 4
City-St-Zip: JUPITER, FL 33477

Title: S () Delete
Name: REIMAN, KARL
Address: 100 E LINTON BLVD STE 503
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: O'DONNELL, REGINA
Address: RR5 BOX 5199
City-St-Zip: EAST STROUDSBURG, PA 18301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BERARDI

P

09/12/2005

Electronic Signature of Signing Officer or Director

Date