FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000010104 (5)**

1. Corporation Name

BLUE LAKE POINTE APARTMENTS, INC.

Principal Place of Business	Mailing Address
9090 WILSHIRE BLVD. STE. 201 BEVERLY HILLS CA 90211	9090 WILSHIRE BLVD. STE. 201 BEVERLY HILLS CA 90211

3. Date Incorporated or Qualified: **02/08/1994**
3a. Date of Last Report: **08/11/1995**

4. FEI Number: **33-0603176** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	BOXENBAUM, CHARLES H		1 2 NAME		
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		1 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		1 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE		☒ Change ☐ Addition
NAME	CASBEN, ALAN I		2 2 NAME	CASDEN, ALAN I	
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		2 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		2 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	NELSON, BRUCE E		3 2 NAME		
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		3 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		3 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	CASDEN, HENRY C		4 2 NAME		
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		4 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		4 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, BRIAN D		5 2 NAME		
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		5 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		5 4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME	BOXENBAUM, CHARLES H		6 2 NAME		
STREET ADDRESS	9090 WILSHIRE BLVD. STE. 201		6 3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90211		6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: B M Schaffer — 2-20-96 — (310) 278-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)