FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 349446

(5)

BLACKWELL VILLA ASSOCIATION INC

FILED
Feb 27 1997 8:00am
Secretary of State

2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903555 Suite, Apt. #, ctc. 5. Certificate of Status Desired 59-2903565 Zip Country 7:pp Country 8. Election Campaign Financing Trust Fund Contribution 59-290356 Zip Country 7:pp Country 8. This corporation has liability for Intang Florida Statutes 79-29036 BRYAN, ANDREW E. 41 PINE ST HILLCREST HTSS BABSON PARK FL 33827 BY Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or regressived agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpor office or regressived agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent agent from familiar with and accept the obligations of, Section 607.0505, Florida Statutes agent familiar bland and section of the obligations of, Section 607.0505, Florida Statutes SIGNATURE States by the corporation of purpose o	FL 85 Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Co	S8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, No red Agent Sign Code
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, S No Irred Agent B5 Zip Code
City & State	\$5.00 May Be Added to Fees gible tax under s. 199.032, S No ored Agent FL 85 Zip Code
Trust Fund Contribution Zip	Added to Fees gible tax under s. 199.032, s
Zip	FL 85 Zip Code
9. Name and Address of Current Registered Agent BRYAN, ANDREW E. 41 PINE ST HILLCREST HTSS BABSON PARK FL 33827 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida Suction 607.0505, Florida Statutes. SIGNATURE SIGNATURE STD OFFICERS AND DIRECTORS BRYAN, ANDREW E. 12 NAME BRYAN, ANDREW E. 13 STREET ADDRESS BABSON PARK, FL 00000 14 City 17 Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida Subtitutes, the above-named corporation submits this statement for the purpor office or registered agent agen	FL 85 Zip Code
BRYAN, ANDREW E. 41 PINE ST HILLCREST HTSS BABSON PARK FL 33827 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or per to charter of regular diagnal and life. Largebrable (NOTE Registered Agent signature required when recessating) DA 12. OFFICERS AND DIRECTORS ITHE NAME STREET ADDRESS GITY-ST-ZIP BABSON PARK, FL 00000 1.4 CITY-ST-ZIP VI CE RUSSI DEST - DIRECTORS 1.3 STREET ADDRESS BABSON PARK, FL 00000 2.4 CITY-ST-ZIP ADDITIONS/CHANGES TO DIRECTORS 2.2 NAME 2.3 STREET ADDRESS BABSON PARK, FL 00000 2.4 CITY-ST-ZIP ADDITIONS/CHANGES TO DIRECTORS 2.4 CITY-ST-ZIP	FL se of changing its registered
### Address ### Ad	FL se of changing its registered
BABSON PARK FL 33827 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or per to a rane of agents and time Targeticable (NOTE Registered Agent signature required when reinstating) DA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS III.E BRYAN, ANDREW E. 11 TITLE BRYAN, ANDREW E. 12 NAME BRYAN, ANDREW E. 13 STREET ADDRESS GITY-ST-ZIP TITLE D GLETTE 21 TITLE V/ CE QUEST DENT—DIRECTOR STREET ADDRESS BLACKWELL VILLA BABSON PARK, FL 00000 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 TREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	FL se of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or peritio care of registered agent and life Tagglicable. (NOTE Registered Agent signature required when reinstating). DA 12. OFFICERS AND DIRECTORS IIILE STD DELETE 11 TITLE BRYAN, ANDREW E. 41 PINE ST HILLCREST HTS 1.3 STREET ADDRESS GIY-S1-7P TILE D DELETE 1.4 CITY-S1-7IP TILE NAME VALKER, E. STREET ADDRESS BLACKWELL VILLA BABSON PARK, FL 00000 2.4 CITY-S1-7IP BLACKWELL VILLA BABSON PARK, FL 00000 2.4 CITY-S1-7IP	FL se of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent it am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stip-ative typicitive perfect areas of registered agent and site. Lagraciable (NOTE Registered Agent signature required when reinstating) DA 12. OFFICERS AND DIRECTORS INTE NAME STREET ADDRESS GITY-ST-7IP DELETE 1 1 TITLE 1 2 NAME 1 2 NAME 1 3 STREET ADDRESS GITY-ST-7IP DELETE 2 1 TITLE VICE PUEST DEDT - DIRECTORS STREET ADDRESS BLACKWELL VILLA 2 3 STREET ADDRESS CITY-ST-7IP BABSON PARK, FL 00000 2 4 CITY-ST-7IP 2 4 CITY-ST-7IP	FL se of changing its registered
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I nereby accept the agent it am familiar with and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, lighted or periting Cares of registered agent and title. Lagrificable (NOTE Registered Agent signature required when reinstating) DA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS INTEL NAME BRYAN, ANDREW E. 12. NAME 13. SIREET ADDRESS GIV-ST-ZIP BABSON PARK, FL 00000 14. CITY-ST-ZIP DELETE 21. TITLE VICE PUEST DEUT - DIRECTORS CITY-ST-ZIP WALKER, E. BLACKWELL VILLA BABSON PARK, FL 00000 24. CITY-ST-ZIP 23. STREET ADDRESS CITY-ST-ZIP 24. CITY-ST-ZIP 24. CITY-ST-ZIP 25. CITY-ST-ZIP	se of changing its registered appointment as registered
NAME STHELLADIRESS STHEEL ADDRESS 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP DELETE 21 TITLE VICE PUESCO DELETE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP DELETE 23 STREET ADDRESS 24 CITY-ST-ZIP DELETE 24 CITY-ST-ZIP DELETE 24 CITY-ST-ZIP DELETE 25 NAME 25 STREET ADDRESS 24 CITY-ST-ZIP DELETE 25 NAME 25 STREET ADDRESS 25 CITY-ST-ZIP DELETE 25 NAME 25	
STREET ADDRESS STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change Addition
CHY-ST-78 BABSON PARK, FL 00000 1.4 CHY-ST-78	
THE	
NAME WALKER, E. 2.2 NAME STREET ADDRESS BLACKWELL VILLA 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP BABSON PARK, FL 00000 2.4 CITY - ST - ZIP	
DAV POVI	Change Addition
NAME GAY, ROY H.	JIE
THE PD STREET ADDRESS GAY, ROY H. STREET ADDRESS BRANDON FL STREET ADDRESS BRANDON FL 3.1 THE DIRECTOR ATKING DONA 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP STREET ADDRESS 3.5 THE STREET ADDRESS 3.4 CITY-ST-ZIP STREET ADDRESS 3.5 THE STREET ADDRESS 3.5 THE STREET ADDRESS 3.5 THE STREET ADDRESS 3.5 THE STREET ADDRESS 3.6 THE STREET ADDRESS 3.5 THE STREET ADDRESS 3.6 THE STREET ADDRESS 3.7 TH	, k5% 7
NAME LAMB, EDDIE K 4.2 NAME WILLIAMS JODY	
STREET ADDRESS BLACKWELL VIL, LOT 2 B37 CITY-ST-ZIP BABSON PARK, FL 00000 4.3 STREET ADDRESS 1612 WTWAMS RD 4.4 CITY-ST-ZIP ALCHY-ST-ZIP CLANT CLAY, FL 33561	
CHY-ST-ZIP BABSUN PARK, FL UUUU 44 CHY-ST-ZIP FL PART CTYT. TITLE D DELETE 5.1 TITLE RESIDENT DIRECTOR	Change Addition
NAME LILES, THOMAS R 5.2 NAME	
STREET ADDRESS CITY-ST-7P 4504 SLEEPY HOLLOW LN 53 STREET ADDRESS PLANT CITY FL 54 CITY-ST-7IP	
CHY-SI-ZIP PLANT CHT PL	Change Additio
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
OHY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 file.	urther 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 effer 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 Statut appears in Black 12 or Black 13 if changed, or on an attachment with an address.	ect as if made under cath: th