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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

BLACKWELL VILLA ASSOCIATION INC

LACKATELL VILLA ASSOCIATION INC		
pal Place of Business	Mailing Address	a thaind risin death alleis brain 21010 diale death death diair arbit death diair sa

Princi **LOT 2 BLOCK 37** LOT 2 BLOCK 37 CROOKED LAKE - P.O. BOX 462 CROOKED LAKE - P.O. BOX 462 DO NOT WRITE IN THIS SPACE BABSON PARK FL 33827 BABSON PARK FL 33827 3. Date Incorporated or Qualified 07/15/1969 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2903555 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRYAN, ANDREW E. 41 PINE ST Street Address (P.O. Box Number is Not Acceptable) HILLCREST HTSS BABSON PARK FL 33827 City 84 Zip Code 65 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered about and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME BRYAN, ANDREW E. 1.2 NAME 41 PINE ST HILLCREST HTS STREET ADDRESS 1.3 STREET ADDRESS BABSON PARK, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE VPD 2.1 TITLE WALKER, E NAME 22 NAME BLACKWELL VILLA STREET ADDRESS 2.3 STREET ADDRESS BABSON PARK, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE WILLIS, JODY NAME 3.2 NAME 1612 WILLIAMS RD STREET ADDRESS 3.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE ATKINS, DONNIE 4.2 NAME NAME 5101 FARKAS RD SO STREET ADDRESS 4.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE LILES, THOMAS R 5.2 NAME NAME 4504 SLEEPY HOLLOW LN STREET ADDRESS 5.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 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 on an attactment with an address.

6.4 CITY-ST-ZIP

ANDREW E. BRYAN

CITY-ST-ZIP

2-28-98

941-638-1365

FILED

Mar 06 1998 8:00am

Secretary of State