2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90026 047 ***150.00

DOCUMENT # 349446

1. Entity Name
BLACKWELL VILLA ASSOCIATION INC

Principal Place of Business	Mailing Address
LOT 2 BLOCK 37 CROOKED LAKE - P.O. BOX 462 BABSON PARK, FL 33827	LOT 2 BLOCK 37 CROOKED LAKE - P.O. BOX 462 BABSON PARK, FL 33827

4UU56504

04072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
260 BLACKWELL VILLA COVE	PO BOX 932
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BABSON PARK, FL	City & State: BABSON PARK, FL
Zip: 33827 / Country: USA	Zip: 33827 / Country: USA

4. FEI Number: 59-2903555 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYAN, ANDREW E. 41 PINE ST - P O BOX 462 HILLCREST HTSS BABSON PARK, FL 33827	Name: MARK A. BRYAN Street Address (P.O. Box Number is Not Acceptable): 260 BLACKWELL VILLA COVE City: BABSON PARK FL Zip Code: 33827

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: Mark A Bry — MARK A. BRYAN STD — 04/06/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD ☒ Delete	TITLE	STD ☐ Change ☒ Addition
NAME	BRYAN, ANDREW E.	NAME	MARK A. BRYAN
STREET ADDRESS	41 PINE ST HILLCREST HTS - POB 462	STREET ADDRESS	260 BLACKWELL VILLA COVE - PO BOX 932
CITY-ST-ZIP	BABSON PARK, FL 33827	CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSE, DAVID	NAME	
STREET ADDRESS	5005 CEDAR GLEN CT	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, RONALD	NAME	
STREET ADDRESS	8701 W KNIGHTS GRIFFIN RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATKINS, DONNIE	NAME	
STREET ADDRESS	5101 FARKAS RD SO	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LILES, THOMAS R	NAME	
STREET ADDRESS	4504 SLEEPY HOLLOW LN	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Mark A Bry — MARK A BRYAN — 04/06/2007 — 863-638-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #