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

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

04072007 Chg-P CR2E034 (12/06)

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

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 Bryan MARK A BRYAN 04/06/2007 863-638-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #