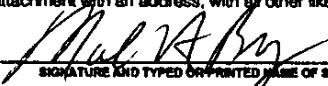


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 LOT 2 BLOCK 37 CROOKED LAKE - P.O. BOX 462 BABSON PARK, FL 33827			Mailing Address LOT 2 BLOCK 37 CROOKED LAKE - P.O. BOX 462 BABSON PARK, FL 33827		
2. Principal Place of Business - No P.O. Box # 260 BLACKWELL VILLA COVE		3. Mailing Address PO BOX 932			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BABSON PARK, FL		City & State BABSON PARK, FL		4. FEI Number 59-2903555	
Zip 33827		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, ANDREW E. 41 PINE ST - P O BOX 462 HILLCREST HTSS BABSON PARK, FL 33827		7. Name and Address of New Registered Agent 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 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. ☒ Delete 41 PINE ST HILLCREST HTS - POB 462 BABSON PARK, FL 33827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☐ Change ☒ Addition MARK A. BRYAN 260 BLACKWELL VILLA COVE - PO BOX 932 BABSON PARK, FL 33827	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Delete ROSE, DAVID 5005 CEDAR GLEN CT VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete MATTHEWS, RONALD 8701 W KNIGHTS GRIFFIN RD PLANT CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ATKINS, DONNIE 5101 FARKAS RD SO PLANT CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LILES, THOMAS R 4504 SLEEPY HOLLOW LN PLANT CITY, FL		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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/06/2007 863-638-3282 Date Daytime Phone #		