2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 349446

Entity Name: BLACKWELL VILLA ASSOCIATION INC

Current Principal Place of Business:

260 BLACKWELL VILLA COVE
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

PO BOX 932
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 59-2903555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, MARK A
260 BLACKWELL VILLA COVE
BABSON PARK, FL 33827 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: BRYAN, MARK A
Address: 260 BLACKWELL VILLA COVE - PO BOX 932
City-St-Zip: BABSON PARK, FL 33827

Title: VPD ( ) Delete
Name: ROSE, DAVID
Address: 5005 CEDAR GLEN CT
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete
Name: MATTHEWS, RONALD
Address: 8701 W KNIGHTS GRIFFIN RD
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: ATKINS, DONNIE
Address: 5101 FARKAS RD SO
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: LILES, THOMAS R
Address: 4504 SLEEPY HOLLOW LN
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CARTER, ROSS
Address: 4010 CEDAR CAY CIRCLE
City-St-Zip: VALRICO, FL 33596

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: ATKINS, DONNIE
Address: 5101 FARKAS RD S.
City-St-Zip: PLANT CITY, FL 33567

Title: D (X) Change ( ) Addition
Name: LILES, THOMAS R
Address: 4504 SLEEPY HOLLOW LN
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A BRYAN STD 04/21/2009
Electronic Signature of Signing Officer or Director Date