

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349446

FILED  
Apr 09, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: CARTER, ROSS  
Address: 4010 CEDAR CAY CIRCLE  
City-St-Zip: VALRICO, FL 33596

Title: PD  
Name: LATIMER, DAVE  
Address: PO BOX 306  
City-St-Zip: BABSON PARK, FL 33827

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK A. BRYAN

STD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date