FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 714809

BLOWING ROCK CONDOMINIUM ASSOCIATION, INC.



02-24-1999 90190 046 ****61.25

									•	
Principal Place of Business Mailing Address										
1500 BEACH I TEOUESTA FL		% Kenneth Gillespie. CP 13205 U.S. Highway 1 #50 Juno Beach FL 33408	205 U.S. HIGHWAY 1 #502							
2. Principal P	Place of Business	2a. Mailing Address	-	,		3. Date incorporated	or Qualifed			
21		26				06/20/1968				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2405765			 	plied For	
22		27 -				39 2403103			-\$8.75.A	t Applicable
City & Sta	te	City & State				5. Certifcate of State	us Desired		Fee Re	;
Zip	Country	Zip	Соц	intry		6. Election Campaig	n Financing		\$5.00	May Be
24	[25]	— `	30	•		Trust Fund Contr			Added to	• 1
27	9. Name and Address of Current					10. Name and Addre	ess of New Re	gistered /	Agent	
				81 !	Name					,
GILLESPIE	, Kenneth			82 5	Street Addre	ss (P.O. Box Number is	s Not Acceptable	e)		
	S. HIGHWAY 1									
SUITE 50				83						•
	ACH FL 33408			84 (City	· ··································		<u> </u>	85 Zip C	ode
								<u>FĻ</u>		
office or I	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	nt Fiorida. Such change was au	monzec	ותו עם ב	e corporation	n's board of directors. I	hereby accept	the appoir	itment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent si	gnature required	when reinstating)		DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHAN	IGES TO OFFI	CERS AN		
TITLE	PD	☐ DELETE	1,1 TT	TLE				•	Change	☐ Addition
NAME	BENSON, MARJORIE		1.2 NA	AME			•			
STREET ADDRESS	1613 SOUTH DUFF AVENUE		1.3 ST	TREET AL	DORESS		-	• • •		
CITY-ST-ZIP	AMES IA 50010		_	TY-ST-Z	IP				[] Change	Addition
TITLE	VPD	DELETE	2.1 11				•		Change	☐ Addition
NAME	SWAIN, WILLIAM	,	2.2 NA							
STREET ADDRESS	***************************************			TREET AC				_		
CITY-ST-ZIP	TEQUESTA FL 33469			ITY-ST-Z	ZIP				Change	Addition
TITLE	DS	☐ DELETE	3.1 TI					-	C7 culturate	
NAME	MAYER, MARY		3.2 NA							
STREET ADDRESS				TREET AC			•			٠.
CITY-ST-ZIP	PITTSBURG PA 15238	DELETE	4.1 TI	:TY-ST-Z	aP	· · · · · · · · · · · · · · · · · · ·			Change	Addition
TILE	TD ASLANIAN, GLADYS	_, 5555.4	4.2 N				•			
NAME STREET ADDRESS				TREET AL	ODRESS			1		
CITY-ST-ZIP	22 Danbury Court RED Bank nj 07701			ITY-ST-Z	l					
TITLE	TIED BARK NO 07301	☐ DELETE	5.1 TI						. [] Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	TREETAD	OORESS			-		
CITY-ST-ZIP			5.4 CF	ΠΥ-\$T-Z	IP			1.		
TITLE		☐ DELETE	6.1 TI	TLE	1				Change	☐ Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 ST	TREET AL	ODRESS		•			1
	i e		0.4.01	TV 0T T	un					1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13th changed or on an attactment with an address, with all other like empowered.

561-627-12/36