

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90174 035 *****61.25

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DOCUMENT # 714809

1. Entity Name

BLOWING ROCK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 BEACH ROAD
STEOUESTA FL 33469

% KENNETH GILLESPIE, CPA
13205 U.S. HIGHWAY 1 #502
JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

721 U.S. Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 121

City & State

City & State

NORTH Palm Beach, FL

Zip

Country

Zip

Country

33408

USA

4. FEI Number

59-2405765

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

GILLESPIE, KENNETH
13205 U.S. HIGHWAY 1
SUITE 502
JUNO BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

721 U.S. Hwy One, Ste 121

City

NORTH Palm Beach

FL

Zip Code

33408

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.

SIGNATURE

Kenneth Gillespie, CPA Kenneth Gillespie, CPA 1-14-2002

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BENSON, MARJORIE**
STREET ADDRESS **1613 SOUTH DUFF AVENUE**
CITY-ST-ZIP **AMES IA 50010**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DS** ☒ Delete
NAME **MAYER, MARY**
STREET ADDRESS **624 POPLAR COURT**
CITY-ST-ZIP **PITTSBURG PA 15238**

TITLE **DVP** ☒ Change ☒ Addition
NAME **Vollmer, James**
STREET ADDRESS **4877 Lakeway DR**
CITY-ST-ZIP **Duluth MN 55811**

TITLE **TD** ☒ Delete
NAME **ASLANIAN, GLADYS**
STREET ADDRESS **22 DANBURY COURT**
CITY-ST-ZIP **RED BANK NJ 07701**

TITLE **SA** ☒ Change ☒ Addition
NAME **Riddle, Twyla**
STREET ADDRESS **9657 JUNIPER ST NW**
CITY-ST-ZIP **COON RAPIDS, MN 55433**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 617, 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:

Marjorie Benson 1-19-02 561-842-1923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)