2004 NOT-FOR-PROFIT CORPORATION

Feb 25, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # 714809** 02-25-2004 90057 026 ****61.25 BLOWING ROCK CONDOMINIUM ASSOCIATION, INC. 44013425 Principal Place of Business Mailing Address 1500 BEACH ROAD 721 US HWY ONE TEQUESTA, FL 33469 **SUITE 121** NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02172004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2405765 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Name GILLESPIE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 721 US HWY ONE **SUITE 121** NORTH PALM BEACH, FL 33408 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition NAME BENSON, MARJORIE NAME 1613 SOUTH DUFF AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AMES, IA 50010 CITY-ST-ZIP DVP Change **Addition** TITLE Detete TITLE VOLLMER, AVY 1500 Beach Road #105 VOLLMER, JAMES NAME NAME (Deceased) 4877 LAKEWAY DR STREET ADDRESS STREET ADDRESS Tequesta FL 33469 CITY-ST-ZIP **DULUTH, MN 55811** CITY-ST-ZIP SD TITLE ☐ Delete TITLE - ☐ Change - ☐ Addition RIDDLE, TWYLA NAME NAME STREET ADDRESS 9657 JUNIPER ST NW STREET ADDRESS CITY-ST-ZIP COON RAPIDS, MN 55433 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-78

TITLE NAME

> llespie Kenneth Gillespie Cennetto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

☐ Delete

2-17-2004 Date

561-842-1933

☐ Change

☐ Addition

Daytime Phone #

FILED