2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90080 036 ****61.25

DOCUMENT # 714809

1. Entity Name
BLOWING ROCK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 BEACH ROAD TEQUESTA, FL 33469	721 US HWY ONE SUITE 121 NORTH PALM BEACH, FL 33408 US

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04182007 No Chg-NP CR2E037 (4/06)

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

GILLESPIE, KENNETH
721 US HWY ONE
SUITE 121
NORTH PALM BEACH, FL 33408

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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 AVALON VOLLMER AVALON VOLLMER 4-23-07
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
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~DVP~~
NAME	~~SCHIELE, CHARLES~~
STREET ADDRESS	~~19660 BEACH RD JUPITER ISLAND~~
CITY-ST-ZIP	~~TEQUESTA, FL 33469~~
TITLE	D
NAME	RIDDLE, TWYLA
STREET ADDRESS	9657 JUNIPER ST NW
CITY-ST-ZIP	COON RAPIDS, MN 55433
TITLE	~~PD~~
NAME	~~ARMSTRONG, KIRK~~
STREET ADDRESS	~~901 WAYLAND~~
CITY-ST-ZIP	~~ARLINGTON, TX 76012~~
TITLE	DVP
NAME	VOLLMER, AVY
STREET ADDRESS	4877 LAKEWAY DR.
CITY-ST-ZIP	DULUTH, MN 55811
TITLE	PD
NAME	WALGREN, JUDITH
STREET ADDRESS	204 W. BROWNING Rd
CITY-ST-ZIP	HENDERSONVILLE, NC
TITLE	D
NAME	BENSON, MARGE
STREET ADDRESS	2609 RIDGETOP RD
CITY-ST-ZIP	AMES, IOWA 50014

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: TWYLA RIDDLE Twyla Riddle 4-23-07 746 1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #