

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 025 ****61.25

DOCUMENT # N00000003767

1. Entity Name
BLAINE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2806 W US 90
SUITE 101
LAKE CITY, FL 32055**

Mailing Address

**2806 W US 90
SUITE 101
LAKE CITY, FL 32055**

DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3708122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAPPS, DANIEL
2806 US 90 W SUITE 101
LAKE CITY, FL 32055**

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IN THIS SPACE**

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
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CRAPPS, DANIEL
STREET ADDRESS 2806 W US 90 SUITE 101
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME CHERRY, L. JAMES
STREET ADDRESS 27 N BRONOUG ST SUITE 4100
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME COLLINS, SCOTT
STREET ADDRESS P.O. BOX 2736
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE D
NAME COLLINS, MICHAEL SR
STREET ADDRESS RT. 8 BOX 875
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CRAPPS

2/18/04

386-755-5110

Date

Daytime Phone #