

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90130 009 ****61.25

DOCUMENT # N03000005119 1. Entity Name BLOUNT INDUSTRIAL CENTER ASSOCIATION, INC.			
Principal Place of Business 1002 E. NEWPORT CENTER DR., STE 100 DEERFIELD BEACH, FL 33442		Mailing Address 1002 E. NEWPORT CENTER DR., STE 100 A DEERFIELD BEACH, FL 33442	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1422g Management INC 2295 NW Corporate Blvd	
City & State Pompano Beach FL		City & State Boca Raton FL	
Zip 33069		Zip FL 33431	
Country Broward		Country FL	
4. FEI Number 04-3789743		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLMAN, ED R 1002 E. NEWPORT CENTER DR., STE 100 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name 1422g Management INC. / Larry Morina Street Address (P.O. Box Number is Not Acceptable) 2295 NW Corporate Blvd. City Boca Raton FL Zip Code 33431	
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 <u><i>Lawrence J Morina III</i></u> - <u>Lawrence J. Morina III</u> 4/6/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLMAN, EDWARD 1002 E. NEWPORT CENTER DR., STE 100 DEERFIELD BEACH, FL 33442	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STALLONE, ANDREW 1002 E. NEWPORT CENTER DR., STE 100 DEERFIELD BEACH, FL 33442	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Brian Boyd</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/05 954-958-9111 Date Daytime Phone #	