

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003325

**FILED**  
**Feb 26, 2007**  
**Secretary of State**

**Entity Name:** BLAIR ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

313 STATE RD 207  
E PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

313 STATE RD 207  
E PALATKA, FL 32131

**New Mailing Address:**

P.O. BOX 129  
EAST PALATKA, FL 32131

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLOYD, UD  
313 STATE RD 207  
E PALATKA, FL 32131 US

**Name and Address of New Registered Agent:**

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: UD FLOYD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLOYD, UD  
Address: 313 STATE RD 207  
City-St-Zip: E PALATKA, FL 32131

Title: VD ( ) Delete  
Name: FLOYD, PEGGY  
Address: 313 STATE RD 207  
City-St-Zip: E PALATKA, FL 32131

Title: D ( ) Delete  
Name: ARRINGTON, RITA  
Address: 100 SEMINOLE CIR  
City-St-Zip: SAN MATEO, FL 32187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UD FLOYD

P

02/26/2007

Electronic Signature of Signing Officer or Director

Date