

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90217 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14571

1. Corporation Name

BLAKE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

 C/O THOMAS A. HOWZE
 5414 26TH STREET
 BRADENTON FL 34207-3169

Mailing Address

 C/O THOMAS A. HOWZE
 5414 26TH STREET
 BRADENTON FL 34207-3169


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/24/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2686008	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Zip		30	

9. Name and Address of Current Registered Agent

 HOWZE, THOMAS A.
 5414 26TH STREET
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Thomas A. Howze*

(NOTE: Registered Agent signature required when reinstating)

DATE 2-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWZE, THOMAS A.	1.2 NAME	
STREET ADDRESS	5414 26TH STREET W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, WALTER B.	2.2 NAME	
STREET ADDRESS	2010 59TH STREET W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ROGER A.	3.2 NAME	
STREET ADDRESS	217 MANATEE AVENUE E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Howze

Date

3-24-99

Daytime Phone #

CR2E037 (1/98)

944-153-6710