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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:20

DOCUMENT # **N14628** **(4)**

1. Corporation Name

BLACKJACK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2708 HWY 87 NAVARRE, FL 32561 C/O EDWIN L. WELLS GULF BREEZE FL 32566-3119	2708 HWY 87 NAVARRE, FL 32561 C/O EDWIN L. WELLS GULF BREEZE FL 32566-3119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1986**
3a. Date of Last Report: **03/04/1994**
4. FEI Number: **59-3023746** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS, EDWIN L.
2829 HWY 87
NAVARRE FL 32561

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 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WELLS, MARTIN H.	12 NAME	
STREET ADDRESS	2827 HWY 87	13 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WELLS, MARY C.	22 NAME	
STREET ADDRESS	2827 HWY 87	23 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	WELLS, EDWIN L.	32 NAME	
STREET ADDRESS	2829 HWY 87	33 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	34 CITY-ST-ZIP	
TITLE	TSD	41 TITLE	☐ Change ☐ Addition
NAME	WELLS, JULIA H.	42 NAME	
STREET ADDRESS	2829 HWY 87	43 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE: Edwin L. Wells - Edwin L. Wells 3/23/95 904-939-2660
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #