

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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**

3. Date Incorporated or Qualified **04/28/1986** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3023746</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, EDWIN L.**  
**2829 HWY 87**  
**NAVARRE FL 32561**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, MARTIN H.</b>	1.2 NAME	
STREET ADDRESS	<b>2827 HWY 87</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, MARY C.</b>	2.2 NAME	
STREET ADDRESS	<b>2827 HWY 87</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, EDWIN L.</b>	3.2 NAME	
STREET ADDRESS	<b>2829 HWY 87</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, JULIA H.</b>	4.2 NAME	
STREET ADDRESS	<b>2829 HWY 87</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	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 do 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 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, as applicable, with an address.

SIGNATURE: *Edwin L. Wells* **2/21/97**

CR2E037 (9/96)