2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N24173 1. Entity Name 04-20-2007 90087 023 ****61.25 FORT BLOUNT CONDOMINIUM OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 345 W. DAVIDSON ST SUITE 201 P. O. BOX 1051 BARTOW FL 33831-1051 BARTOW FL 33830 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4 FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDWICK, KELLY ESQ. Street Address (P.O. Box Number is Not Acceptable) 341 W DAVIDSON SUITE 301 BARTOW FL 33831 City Zip Code 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. (NOTE: Registerer) Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VD ☐ Delete HILL Change ☐ Addition NAME KIDWELL, WES NAME STREET ADDRESS STREET ADDRESS 343 W DAVIDSON STE 102 CITY ST 78P CHY ST ZIP **BARTOW FL** ☐ Defete THIE Change THE Addition NAMI HARDWICK, KELLY B III NAME STREET ADDRESS 341 W DAVIDSON ST SUITE 301 STREET ADDRESS CHY-ST-ZIP BARTOW FL 33830 CHY ST ZIP ☐ Delete ши ☐ Change ☐ Addition NAM LIGUORI, JOHN STREET ADDRESS 345 WEDAVIDSON ST SUITE 201 STREET MODELSS CHY-SI-7P CHY ST JIP BARTOW FL 33830 TITLE Delete Ш ☐ Change ☐ Addition SD NAME BLAKEMAN, WILLIAM S NAME STREET ADDRESS STREET ADDRESS 343 W DAVIDSON ST SUITE 101 CJIY SI-7IP CHY SE ZIP BARTOW FL 33830 11111 Defete HIII Change Addition NAM NAMI STREET ADDRESS SIDELLADDRESS CHY-SI-7IP CHY ST 7/P TITLE ☐ Delete THE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST-74P CITY ST ZIP

indicated on this report or supplemental report is true and accurate and that my signalure shall have the same legal offect as if made under eath; 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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information

SIGNATURE:

FILED