

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N24173

1. Entity Name
FORT BLOUNT CONDOMINIUM OWNERS ASSOCIATION,
INC.



Principal Place of Business

345 W. DAVIDSON ST
SUITE 201
BARTOW, FL 33830 US

Mailing Address

P. O. BOX 1051
BARTOW, FL 33831-1051 US

DO NOT WRITE IN THIS SPACE

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDWICK, KELLY ESQ
341 W DAVIDSON
SUITE 301
BARTOW, FL 33831

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KIDWELL, WES
STREET ADDRESS	343 W DAVIDSON STE 102
CITY-ST-ZIP	BARTOW, FL
TITLE	TD
NAME	HARDWICK, KELLY B III
STREET ADDRESS	341 W DAVIDSON ST SUITE 301
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	PD
NAME	LIGUORI, JOHN
STREET ADDRESS	345 W. DAVIDSON ST SUITE 201
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	SD
NAME	BLAKEMAN, WILLIAM S
STREET ADDRESS	343 W DAVIDSON ST SUITE 101
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/16/08-80002-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-08 863-533-1300