
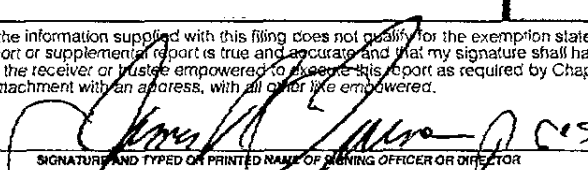


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # N35884 1. Entity Name BLUEFIELD PROPERTIES ASSOCIATION, INC.		
Principal Place of Business TURNER JAMES R PO BOX 68 FORT PIERCE, FL 34954-0068		Mailing Address TURNER JAMES R PO BOX 68 FORT PIERCE, FL 34954-0068
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNER, JAMES R 5800 ORANGE AVE FORT PIERCE, FL 34947		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, JAMES R PO BOX 68 FORT PIERCE, FL 349540068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, JOE M PO BOX 1900 BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, MIKE PO BOX 1900 BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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 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 of this report, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/7/04 772-466-9353 <small>Daytime Phone #</small>



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0817253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000003016
01/13/04-80038-007 61.25

**DO NOT WRITE
IN THIS SPACE**