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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51101** (6)

1. Corporation Name

BLAIRS' DOWNTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

425
439 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

425
439 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483



3. Date Incorporated or Qualified

10/01/1992

4. FEI Number

65-0411097

Applied For
Not Applicable

2. Principal Place of Business

21 425 E. ATLANTIC AVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FL

Zip

24 33483

Country

25 PALM BEACH

2a. Mailing Address

26 425 E. ATLANTIC AVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

Zip

29 33483

Country

30 PALM BEACH

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIMMY, BRUCE N
439 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483

81 Name

CARL V. WELLS II

82 Street Address (P.O. Box Number is Not Acceptable)

425 E. ATLANTIC AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

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

Carl V. Wells II

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

(NOTE: Registered Agent signature required when reinstating)

4/24/98

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIMMY, BRUCE N	
STREET ADDRESS	439 EAST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS II, CARL V	
STREET ADDRESS	425 EAST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINDEL, ROSALIE	
STREET ADDRESS	10 N.E. 5TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NANCY LIERLE	
1.3 STREET ADDRESS	449 E. ATLANTIC AVE.	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Carl V. Wells II **CARL V. WELLS II**

4/24/98 (561) 243-9911

CP2E037 (10/97)