

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N51101

1. Entity Name
**BLAIRS' DOWNTOWN PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
425 E. ATLANTIC AVE
DELRAY BEACH, FL 33483 US

Mailing Address
425 E. ATLANTIC AVE
DELRAY BEACH, FL 33483 US



05122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0411097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WELLS, CARL V. II
425 E. ATLANTIC AVE
DELRAY BEACH, FL 33483

**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 registering)

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	P
NAME	MCINTYRE, CHARLES
STREET ADDRESS	2 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	WELLS II, CARL V
STREET ADDRESS	482 NE 32ND ST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	HURD, WILLIAM C
STREET ADDRESS	17 NW 15TH ST
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000951187
06/04/08-80022-012.61.25

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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: *William C. Hurd* *William C. Hurd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-08

Date

561 715-6748

Daytime Phone #