

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51101

FILED
May 05, 2009
Secretary of State

Entity Name: BLAIRS' DOWNTOWN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

425 E. ATLANTIC AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

425 E. ATLANTIC AVE
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0411097 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCINTYRE, CHARLES
Address: 2 NE 5TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: WELLS II, CARL V
Address: 482 NE 32ND ST
City-St-Zip: BOCA RATON, FL 33431

Title: T () Delete
Name: HURD, WILLIAM C
Address: 17 NW 15TH ST
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIMMY, BRUCE
Address: 429 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. HURD

T

05/05/2009

Electronic Signature of Signing Officer or Director

Date