


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000001028 1. Entity Name BLASE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1075 SW 119TH WAY DAVIE, FL 33325	Mailing Address 1075 SW 119TH WAY DAVIE, FL 33325
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0507572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZBOROWSKI, DOUGLAS J 1075 SW 119TH WAY DAVIE, FL 33325

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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 reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZBOROWSKI, DOUGLAS J 1075 SW 119TH WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOBOL, MARTIN 1002 SW 119 AVE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ZBOROWSKI, RENEE O 1075 SW 119 WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000565335 05/20/06-80128-003 61.25</p> DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/6/06 <small>Date</small>	934-473-0350 <small>Daytime Phone #</small>
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