

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001028

FILED
Apr 29, 2007
Secretary of State

Entity Name: BLASE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1075 SW 119TH WAY
DAVIE, FL 33325

New Principal Place of Business:

1073 SW 119TH AVENUE
DAVIE, FL 33325

Current Mailing Address:

1075 SW 119TH WAY
DAVIE, FL 33325

New Mailing Address:

1073 SW 119TH AVENUE
DAVIE, FL 33325

FEI Number: 65-0507572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZBOROWSKI, DOUGLAS J
1075 SW 119TH WAY
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

BLASE, RITA L
1073 SW 119TH AVENUE
DAVIE, FL 33325 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: RITA L. RAFFERTY

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZBOROWSKI, DOUGLAS J
Address: 1075 SW 119TH WAY
City-St-Zip: DAVIE, FL 33325

Title: VPD () Delete
Name: SOBOL, MARTIN
Address: 1002 SW 119 AVE
City-St-Zip: DAVIE, FL 33325

Title: TSD (X) Delete
Name: ZBOROWSKI, RENEE O
Address: 1075 SW 119 WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLASE, ALLEN A
Address: 1073 SW 119TH AVENUE
City-St-Zip: DAVIE, FL 33325

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: ALLEN A. BLASE

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date