

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003954 (4)**

1. Corporation Name

BLAIR DEVELOPMENT PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business

5820 S.W. GROVE STREET
PALM CITY FL 34990

Mailing Address

5820 S.W. GROVE STREET
PALM CITY FL 34990

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2400 S. OCEAN DR**

26 **2400 S. OCEAN DR.**

4. FEI Number
65-0574197

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#4321**

27 **#4321**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Ft. Pierce, Fla.**

28 **Ft. Pierce, Fla.**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **34949**

25 **St. Lucie**

29 **34949**

30 **St. Lucie**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANCE, SIBYL
5820 S.W. GROVE STREET
PALM CITY FL 34990

81 Name **Robert B. OWENS**

82 Street Address (P.O. Box Number is Not Acceptable)
2400 S. OCEAN DR. #4321

83

84 City **Ft. Pierce**

FL

85 Zip Code
34949

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 617.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert B. Owens

June 13, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **BLAIR, CHRISTOPHER R**
STREET ADDRESS **18211 D. FLOWER HILL WAY**
CITY-ST-ZIP **GAITHERBURG MD 20879**

1.1 TITLE **President, BLAIR P.O.A.** Change Addition
1.2 NAME **OWENS, Robert B.**
1.3 STREET ADDRESS **2400 S. OCEAN DR. #4321 "D"**
1.4 CITY-ST-ZIP **Ft. Pierce, Fla. 34949**

TITLE **D** DELETE
NAME **BLAIR, CLAY D III**
STREET ADDRESS **18211 D. FLOWER HILL WAY**
CITY-ST-ZIP **GAITHERBURG MD 20879**

2.1 TITLE **Vice-President, BLAIR P.O.A.** Change Addition
2.2 NAME **KAMBAR, Maged**
2.3 STREET ADDRESS **18193 S.C. Heritage Dr. "D"**
2.4 CITY-ST-ZIP **Tequesta, Fla. 33469**

TITLE **D** DELETE
NAME **DANCE, SIBYL**
STREET ADDRESS **5820 S.W. GROVE STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

3.1 TITLE **SEC. TRUST, BLAIR P.O.A.** Change Addition
3.2 NAME **Klassen, VIC**
3.3 STREET ADDRESS **12608 COVEVIEW "D"**
3.4 CITY-ST-ZIP **Stuart, Fla. 34994**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **300001876549** Change Addition
5.2 NAME **-06/26/96--01083--026**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert B. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. OWENS Date *06/01/96* (407) 464-4295
Daytime Phone #

CR2E037 (12/95)