



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000004399 1. Entity Name BLODGETT VILLAS RESIDENT COUNCIL, INC.						FILED 06 MAY 16 AM 8:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business BLODGETT VILLAS 6201 JACKSONVILLE, FL 32209				Mailing Address 630 WEST 4TH STREET 6201 JACKSONVILLE, FL 32209			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 05-06 03272006 REIN-NO CR2E099 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3256563				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CATO, FREDRICKA 1250 NORTH JEFFERSON STREET APT 7301 JACKSONVILLE, FL 32209			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>							
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>							
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATO, FREDRICKA <input type="checkbox"/> Delete 1250 NORTH JEFFERSON STREET, SUITE 7301 JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Fredricka CATO 1250 N. Jefferson St 7902 Jacksonville, FL 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete SIMPKINS, WILLIE MAE 770 WEST 4TH STREET APT 1801 JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075380994 05/26/06--01055--001 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete JOHNSON, KATHY 630 W 4 STREET 6101 JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Laketa Corbett 1250 N. Jefferson St #7302 Jacksonville, Florida 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete DALLAS, MAGGIE 1250 NORTH JEFFERSON STREET #7902 JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Zina Jackson 1250 N. Jefferson St Jacksonville, Florida 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete FUSSELL, DORETHA H 1250 JEFFERSON STREET APT 7702 JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1250 N. Jefferson St 7302 Jacksonville Florida 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/24 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Fredricka CATO Fredricka CATO 4-30-06 904 3543310 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							