FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2002 8:00 am DOCUMENT # N9800002204 **Secretary of State** BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION, IN C. Principal Place of Business Mailing Address 1808 NORTH 16TH COURT 1808 NORTH 16TH COURT 80132030 FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address # Street 803 North DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0872840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEWKIRK, CLAUDINE** 1808 NORTH 16TH COURT FORT PIERCE FL 34950 City Zip Code 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236,25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE NAME **NEWKIRK, CLAUDINE** ☐ Addition NAME Russ, Hassie M. STREET ADDRESS 1808 NORTH 16TH COURT STREET ADDRESS 1803 N. 16th Street Fort Pierce, FL 34950 CITY-ST-ZIP FORT PIERCE FL 34950 CITY-ST-ZIP TITLE TD ☐ Delete TITLE GARRETT, DORIS ☐ Change Addition NAME Garrott Doris STREET ADDRESS 1806 N 16 ST STREET ADDRESS 1806 N. 16th Street CITY-ST-ZIP FT PIERCE FL 34950 CITY-ST-ZIP Fort Pierce FL34950 ² □ Delete TITLE SD Change SONJA, SANDS Addition NAME Sands, Sonja STREET ADDRESS 1821 NORTH 17TH ST STREET ADDRESS 102 | North 77th Street CITY-ST-ZIP FORT PIERCE FL 34950 CITY-ST-ZIP Fort Pierce FL34950 TITLE ☐ Delete TITLE EFFEND, TOMMY NAME ☐ Change ☐ Addition NAME STREET ADDRESS 4804 EVERGREEN AVE STREET ADDRESS 4804 Evergreen Ave Fort Pierce, FL 34947 CITY-ST-ZIP FT PIERCE FL 34747 CITY-ST-ZIP TITLE Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Delete NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 SIGNATURE: