## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2004 08:00 AM DOCUMENT # N98000002204 **Secretary of State** 1. Entity Name BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION. INC. Principal Place of Business Mailing Address 1803 NORTH 16 STREET 1803 NORTH 16 STREET FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0872840 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSS, HASSIE M Street Address (P.O. Box Number is Not Acceptable) 1803 NORTH 16 STREET FORT PIERCE FL 34950 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PD TITLE Delete TITLE Change Addition RUSS, HASSIE M U00000079998 03/08/04-80090-022 61.25 MAMS NAME 1803 NORTH 16 STREET STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE Change ☐ Addition GARRETT, DORIS MARKE MAME 1806 N 16 ST STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TID F Change ☐ Addition SANDS, SONJA NAME NAME 1821 NORTH 17TH ST STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition EFFEND, TOMMY NAME 4804 EVERGREEN AVE STREET ADDRESS STREET ADDRESS FT PIERCE FL 34747 CITY-ST-ZIP CITY-ST-ZIP TUTLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MARAE MAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP

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 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:

FILED