

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002204	
1. Entity Name BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION, INC.	



Principal Place of Business 1803 NORTH 16 STREET FORT PIERCE, FL 34950	Mailing Address 1803 NORTH 16 STREET FORT PIERCE, FL 34950
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03272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872840	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSS, HASSIE M
1803 NORTH 16 STREET
FORT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSS, HASSIE M 1803 NORTH 16 STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRETT, DORIS 1808 N 16 ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDS, SONJA 1821 NORTH 17TH ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFFEND, TOMMY 4804 EVERGREEN AVE FT PIERCE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/05-80050-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Hassie Russ, Hassie Russ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-05

772-464-0700

Date

Daytime Phone #