2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002204

1. Entity Name
BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1803 NORTH 16 STREET FORT PIERCE, FL 34950	1803 NORTH 16 STREET FORT PIERCE, FL 34950

04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0872840
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSS, HASSIE M
STREET ADDRESS	1803 NORTH 16 STREET
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	TD
NAME	GARRETT, DORIS
STREET ADDRESS	1606 N 16 ST
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	SD
NAME	SANDS, SONJA
STREET ADDRESS	1821 NORTH 17TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	D
NAME	EFFEND, TOMMY
STREET ADDRESS	4804 EVERGREEN AVE
CITY-ST-ZIP	FT PIERCE, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80099-014 61.25

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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: Hassie M. Russ Hassie M. Russ 4-7-06 772-464-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #