

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
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**



04062007 No Chg-NP CR2E037 (4/06)

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**

**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 \$81.25
Due by May 1, 2007**

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
1806 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

U000000703413
04/20/07-80138-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-6-07

772-464-0706