## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9800002204 1. Entity Name BLAKELY SUBDIVISION NEIGHBORHOOD ASSOCIATION, IN



Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90065 050 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP TITLE TD GARRETT, DORIS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SANDS, SONJA 1821 NORTH 17TH ST FORT PIERCE FL 34950  TITLE D SANDS, SONJA 1821 NORTH 17TH ST FORT PIERCE FL 34950  TITLE D SANDS, SONJA 1821 NORTH 17TH ST FORT PIERCE FL 34950  TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D SANDS SONJA 1821 NORTH 17TH ST FORT PIERCE FL 34950  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D SFEND, TOMMY 4804 EVERGREEN AVE FT PIERCE FL 34747  TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.					WE TEST	/			
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After September 10, 2003, min will be \$236.25  Title NAME STREET ADDRESS CITY-ST-72P TITLE					į					
SIGNARURE Signature, typed or printed name of registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  OFFICERS AND DIRECTORS  IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE  NAME  RUSS, HASSIE M  STREET ADDRESS  CITY-ST-ZP  TITLE  TD  GARRETT, DORIS  STREET ADDRESS  CITY-ST-ZP  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TO Delete  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TO DELETE FL 34950  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TITLE  SANDS, SONIJA  STREET ADDRESS  CITY-ST-ZP  TITLE  D Delete  TITLE  D DELETE TO DELETE  CHARGE  CITY-ST-ZP  TITLE  D DELETE  CHARGE  CITY-ST-ZP  TITLE  CHARGE  CHARGE  CITY-ST-ZP  CHARGE  CITY-ST-ZP  TITLE  CHARGE  CITY-ST-ZP  CHARGE  CITY-ST-ZP  TITLE  CHARGE  CITY-ST-ZP  TITLE  CHARGE  CHARGE  CITY-ST-ZP  CHARGE  CHARGE  CITY-ST-ZP  TITLE  CHARGE  CHAR					į.	City	•	FL	Zip Co	de
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After September 10, 2003, min will be \$236.25  Trust Fund Contribution. Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS										
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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		partify that the information complied and	th this filler	done not such for			Section 110 07/03/03 Ft	side Statutes 1 from	6 . sla = + ***	infave

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: