

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90127 047 ***158.75

DOCUMENT # P04000062239

1. Entity Name
BLAIR COMMUNITIES, INC.



Principal Place of Business
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716 US**

40029204



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1074756

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELICE, DAVID M
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME YOUNG, ROBERT B
STREET ADDRESS 5600 U.S. 98 NORTH, SUITE 7
CITY-ST-ZIP LAKE LAND, FL 33809

TITLE COO/D ☒ Change ☐ Addition
NAME Young, Robert B
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☐ Delete
NAME SEMBLER, M. STEVEN
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE CEO/D ☒ Change ☐ Addition
NAME Sembler, M. Steven
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FELICE, DAVID M
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE P. ☒ Change ☐ Addition
NAME Felice, David M
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VALENZANO, FRANCIS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Fanelli, Julie V.
STREET ADDRESS 11300 4th St N, Suite 200
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/AS ☐ Change ☒ Addition
NAME McDonald, Karen
STREET ADDRESS 11300 4th St N, Ste 200 St. Petersburg
CITY-ST-ZIP

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 607, 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:

[Signature]

David M. Felice 2/22/05 727-579-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #