

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104038

1. Entity Name
BLAIR REALTY, INC.



FILED
Apr 07, 2008 08:00 A
Secretary of State

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



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1359917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIR COMMUNITIES, INC.
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	COOD
NAME	YOUNG, ROBERT B
STREET ADDRESS	5600 U.S. 98 NORTH, SUITE 7
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	CEOD
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	P
NAME	FELICE, DAVID M
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	VP
NAME	VALENZANO, FRANCIS
STREET ADDRESS	4460 ARLINGTON RIDGE BLVD
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	TAS
NAME	MCDONALD, KAREN
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	S
NAME	FANELLI, JULIE V
STREET ADDRESS	11300 4TH STREET N, SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

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04/16/08-80038-003 150.00

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie V. Fanelli

3/12/08

Date

(727) 571-5522

Daytime Phone #