

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51101

**Entity Name:** BLAIRS' DOWNTOWN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

439 E. ATLANTIC AVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

439 E. ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

**FEI Number:** 65-0411097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIMMY, JOANNE B  
439 E. ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

*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.*

**SIGNATURE:** JOANNE B. GIMMY

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |                 |                     |
|-----------------|-----------------------|-----------------|---------------------|
| Title           | P                     | Title           | S                   |
| Name            | GIMMY, BRUCE          | Name            | WELLS II, CARL V    |
| Address         | 439 E ATLANTIC AVE    | Address         | 482 NE 32ND ST      |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | BOCA RATON FL 33431 |
| Title           | T                     |                 |                     |
| Name            | BENSON, MAVIS R       |                 |                     |
| Address         | 425 E. ATLANTIC AVE.  |                 |                     |
| City-State-Zip: | DELRAY BEACH FL 33483 |                 |                     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAVIS BENSON

**TREASURER**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date