

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 11 1996****DOCUMENT # 748744 (O)**

1. Corporation Name

BOULANGER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2914 PASS A GRILLE WAY
ST PETERSBURG FL 33706****2914 PASS A GRILLE WAY
ST PETERSBURG FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1979

3a. Date of Last Report

08/02/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒**\$68.75** Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, MAUREEN A.
2914 PASS A GRILLE WAY
ST PETERSBURG FL 33706**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**VTD
NAME COX, MAUREEN A
STREET ADDRESS 2914 PASS A GRILLE WAY
CITY - ST - ZIP ST PETERSBURG, FL 00000**11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**D
NAME SIMMONS, SCOTT J
STREET ADDRESS 3100 PASS A GRILLE WAY
CITY - ST - ZIP ST PETERSBURG, FL 00000**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**D
NAME ZELLENRATH, TED
STREET ADDRESS 300 STEELCASE RD. W.#21
CITY - ST - ZIP MARTHA, ONT**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**D
NAME
STREET ADDRESS
CITY - ST - ZIP**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**D
NAME
STREET ADDRESS
CITY - ST - ZIP**51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**D
NAME
STREET ADDRESS
CITY - ST - ZIP**61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #