2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 748744

1. Entity Name
BOULANGER CONDOMIMIUM 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

02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	COX, MAUREEN A
STREET ADDRESS	2914 PASS A GRILLE WAY
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	D
NAME	SIMMONS, SCOTT J
STREET ADDRESS	3100 PASS A GRILLE WAY
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	D
NAME	ZELLENRATH, TED
STREET ADDRESS	25 CORNELIUS PKWY
CITY-ST-ZIP	TORONTO, ON M6L2K
TITLE	D
NAME	ZELLENRATH, MILVI
STREET ADDRESS	25 CORNELIUS PKWY
CITY-ST-ZIP	TORONTO, ON M6L2K
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80002-024 61.25

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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 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: Maureen A Cox 3/8/06 727-367-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #