

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

DOCUMENT# 743044

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**8144230179CC**

**Entity Name:** THE BOULEVARD ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number:** 59-2036500

**Certificate of Status Desired:** No

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

RABIN & PARKER, P.A.  
28059 US HWY 19 N  
SUITE 301  
CLEARWATER, FL 33761 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:** BEN RABIN

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENNESSEY, MIKE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            TREASURER  
Name            ROBICHAULD, JAMES  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            CARNEVALE, PAUL  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            GERACE, JEFF  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            SECRETARY  
Name            JOHNSON, DEBBIE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            STEVERSON, JIM  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            KIRKLAND, EDWINA  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*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:** MIKE HENNESSEY

**PRESIDENT**

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date