

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007705

**Entity Name:** 1611-1623 HARDEN BOULEVARD PROFESSIONAL CENTRE  
OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC0202140960**

**Current Principal Place of Business:**

1623 HARDEN BOULEVARD  
LAKELAND, FL 33803

**Current Mailing Address:**

1623 HARDEN BOULEVARD  
LAKELAND, FL 33803

**FEI Number:** 30-0748129

**Certificate of Status Desired:** No

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

MULLINS, DAVID L  
1623 HARDEN BOULEVARD  
LAKELAND, FL 33803 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S,T  
Name MULLINS, DAVID L  
Address 1623 HARDEN BOULEVARD  
City-State-Zip: LAKELAND FL 33803  
  
Title D  
Name GOLOTKO, PETER C  
Address 1509 SOUTH FLORIDA AVENUE  
City-State-Zip: LAKELAND FL 33803

Title P  
Name GOLOTKO, PETER C  
Address 1509 SOUTH FLORIDA AVENUE  
City-State-Zip: LAKELAND FL 33803  
  
Title D  
Name MULLINS, DAVID L  
Address 1623 HARDEN BOULEVARD  
City-State-Zip: LAKELAND FL 33803

*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: DAVID MULLINS**

**TREASURER**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date