

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

DOCUMENT# N13000007601

**Entity Name:** BOULEVARD OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14506 N BOULEVARD ST  
TAMPA, FL 33613

**Current Mailing Address:**

14506 N BOULEVARD ST  
TAMPA, FL 33613 US

**FEI Number: 46-3541270**

**Certificate of Status Desired: No**

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

ROSS, CARY  
14506 N BOULEVARD STREET  
TAMPA, FL 33613 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: CARY ROSS**

**04/14/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name O'LEARY, DENIS  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR, VP  
Name TORRES, CARLOS  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR, TREASURER  
Name O'LEARY, LINDA  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR, COMPTROLLER  
Name CODREANU, LIDIA  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR, ASST. SECRETARY,  
ASST. TREASURER  
Name ROSS, SANDY  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

Title SECRETARY  
Name ROSS, CARY  
Address 14506 N BOULEVARD ST  
City-State-Zip: TAMPA FL 33613

*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: CARY ROSS**

**SECRETARY**

**04/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date