

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2008 08:00 AM
Secretary of State**

DOCUMENT # 726527

1. Entity Name
**BOULEVARD OFFICE CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**BOULEVARD OFFICE CENTER
STE 7
OCALA, FL 34470 US**

Mailing Address
**1107 E. SILVER SPRINGS BLVD
SUITE 2
OCALA, FL 34470 US**



02152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2247124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROVILLO, PHIL
3550 S.E.. 25TH AV.
OCALA, FL 34471**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JUERGENS, RUSTY
STREET ADDRESS 1107 E SILVER SPRINGS BLVD, SUITE 7
CITY-ST-ZIP Ocala, FL 34470

TITLE TD
NAME HUBER, ARTHUR
STREET ADDRESS 1107 E SILVER SPRINGS BLVD, SUITE 2
CITY-ST-ZIP Ocala, FL 34470

TITLE SD
NAME SCHOLES, DEBORAH C
STREET ADDRESS 1107 E SILVER SPRINGS BLVD, SUITE 1
CITY-ST-ZIP Ocala, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000833146
02/28/08-80001-009 61.25

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IN THIS SPACE**

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: *Arthur Huber* **Arthur Huber (TD)** *2/18/08* *3526294977*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #