

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002194

FILED
Jan 24, 2008
Secretary of State

Entity Name: JULIET BOULEVARD ROADWAY ASSOCIATION, INC.

Current Principal Place of Business:

C/O CHEFFY PASSIDOMO WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

C/O CORCORAN & ASSOCIATES, LLC
9485 SW 72ND STREET, SUITE A-295
MIAMI, FL 33173

Current Mailing Address:

C/O CHEFFY PASSIDOMO WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH
NAPLES, FL 34102

New Mailing Address:

PMB PTY3977
P.O. BOX 25207
MIAMI, FL 33102

FEI Number: 20-0970657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LISA H
C/O CHEFFY PASSIDOMO WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CORCORAN & ASSOCIATES, LLC
9485 SW 72ND AVE
SUITE A-295
MIAMI, FL 33173 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: MICHELLE M. CORCORAN

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRIBBLE, DAVID
Address: C/O CHEFFY PASSIDOMO WILSON & JOHNSON
City-St-Zip: 821 5TH AVE. S., #201, NAPLES, FL 34102 US

Title: DVP () Delete
Name: FULLER, ANTHONY
Address: C/O CHEFFY PASSIDOMO WILSON & JOHNSON
City-St-Zip: 821 5TH AVE. S., #201, NAPLES, FL 34102 US

Title: DS () Delete
Name: DE SANTAMARIA, AIDA
Address: C/O CHEFFY PASSIDOMO WILSON & JOHNSON
City-St-Zip: 821 5TH AVE. S., #201, NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TRIBBLE, DAVID
Address: C/O CORCORAN & ASSOCIATES, LLC
City-St-Zip: 9485 SW 72ND AVE, STE A-295, FL 33173 US

Title: DVP (X) Change () Addition
Name: FULLER, ANTHONY
Address: C/O CORCORAN & ASSOCIATES, LLC
City-St-Zip: 9485 SW 72ND AVE, STE A-295, FL 34102 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID A. TRIBBLE

DP

01/24/2008

Electronic Signature of Signing Officer or Director

Date