

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007388

**FILED**  
**Feb 06, 2008**  
**Secretary of State**

**Entity Name:** BOYETTE EXECUTIVE CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

505 E. JACKSON ST.  
SUITE 202  
TAMPA, FL 33602

**New Principal Place of Business:**

19045 DALE MABRY HWY N  
LUTZ, FL 33548

**Current Mailing Address:**

505 E. JACKSON ST.  
SUITE 202  
TAMPA, FL 33602

**New Mailing Address:**

19045 DALE MABRY HWY N  
LUTZ, FL 33548

**FEI Number:** 20-5193392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, ANAND  
505 E. JACKSON ST.  
SUITE 202  
TAMPA, FL 33602 US

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

ASSOCIATED PROPERTY MANAGMENT GROUP, LLC  
19045 DALE MABRY HWY N  
LUTZ, FL 33548 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: LILY FLORES

02/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PATEL, ANAND  
Address: 505 E. JACKSON ST., SUITE 202  
City-St-Zip: TAMPA, FL 33602

Title: VSTD ( ) Delete  
Name: PATEL, RAJ  
Address: 505 E. JACKSON ST., SUITE 202  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: FLORES, JOSE R  
Address: 16118 NORTH FLORIDA AVE.  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FLORES, JOSE  
Address: 19045 DALE MABRY HWY N  
City-St-Zip: TAMPA, FL 33548

Title: VD (X) Change ( ) Addition  
Name: TAM, BENJAMIN  
Address: 19045 DALE MABRY HWY N  
City-St-Zip: LUTZ, FL 33548

Title: STD (X) Change ( ) Addition  
Name: MAUGER, MICHAEL  
Address: 19045 DALE MABRY HWY N  
City-St-Zip: LUTZ, FL 33548

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: JOSE FLORES

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date