

2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90044 021 ****61.25

DOCUMENT # N96000003814

1. Entity Name

MCV COMMERCIAL PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business

4711 U.S. HIGHWAY 17 SOUTH #8
ORANGE PARK FL 32073

Mailing Address

4711 U.S. HIGHWAY 17 SOUTH #8
ORANGE PARK FL 32073

2. Principal Place of Business

4711 U.S. HIGHWAY 17
Suite, Apt. #, etc.
B2 #1

3. Mailing Address

P.O. Box 1381
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3440597

Applied For

Not Applicable

Zip

32003

Country

USA

Zip

32067-1381

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCWILLIAMS, A E
4711 U.S. HIGHWAY 17 SOUTH #8
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4711 U.S. Highway 17

B2 #1

City

Orange Park

FL

Zip Code

32003

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME MCWILLIAMS, A E
STREET ADDRESS 4711 U.S. HIGHWAY 17 SOUTH #8
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VSD ☐ Delete
NAME VELASCO, EDWARD B
STREET ADDRESS 4711 U.S. HIGHWAY 17 SOUTH #8.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME BULTMAN, RICHARD J DR
STREET ADDRESS 1594 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

A.E. McWilliams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.E. McWilliams

3/25/05 264-5006

Date

Daytime Phone #