

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

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000003814**

1. Entity Name  
MCV COMMERCIAL PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address  
4711 U.S. HIGHWAY 17 P.O. BOX 1381  
B2 #1 ORANGE PARK, FL 32067-1381, US  
ORANGE PARK, FL 32003 US



01312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3440597

Applied For  
Not Applicable

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  
B2 #1  
ORANGE PARK, FL 32003

**DO NOT WRITE  
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 PTD  
NAME MCWILLIAMS, A E  
STREET ADDRESS 4711 U.S. HIGHWAY 17 SOUTH #8  
CITY-ST-ZIP ORANGE PARK, FL 32073

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000883152  
04/16/08-80070-002 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/4/08 (904) 264-0748