## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am Secretary of State **DOCUMENT # 735430** 1. Entity Name 05-27-2002 90270 025 \*\*\*\*61.50 THE BOULEVARD BUILDING CONDOMINIUM ASSOCIATION, .⊌C. Principal Place of Business Mailing Address 1920 PALM BEACH LAKE BLVD. 1920 PALM BEACH LAKE BLVD. #101 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1670331 Not Applicable ,Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: ----Street Address (P.O. Box Number is Not Acceptable) IRVINE, ANN L 1920 PALM BEACH LAKES BLVD. SUITE 101 Zip Code **WEST PALM BEACH FL 33409** FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 140 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 1350 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PANGIA, THOMAS J NAME ! NAME STREET ADDRESS 1920 PALM BEACH LAKES BD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE D۷ Delete TITLE ☐ Addition Change NAME WAUGH, JAMES NAME STREET ADDRESS 1920 PALM BEACH LAKE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE ☐ Delete TITLE Change ☐ Addition NAME LEMONGELLO, GERARD NAME STREET ADDRESS 635 LIGHTHOUSE DR STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREILICH, ROGER NAME NAME STREET ADDRESS 1920 PALM BEACH LAKE BLVD. STREET ADDRESS CITY-ST-7IP West Palm Beach FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all ther like empowered.

1/8/02

561 6840222.

Daytime Phone

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