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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743044 (0)
1. Corporation Name
THE BOULEVARD ASSOCIATION, INC.



Principal Place of Business Mailing Address
7701 STARKEY RD.N. SEMINOLE FL 34647
7701 STARKEY RD.N. SEMINOLE FL 33777-4349

3. Date Incorporated or Qualified 06/12/1978
3a. Date of Last Report 02/14/1996
4. FEI Number 59-2036500 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LIBERTE MANAGEMENT GROUP OPI INC
10645 1ST EAST
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, FRANK	1.2 NAME	OSBORNE, TOM
STREET ADDRESS	7701 STARKEY RD #512	1.3 STREET ADDRESS	7701 STARKEY RD #623
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE FL 33777
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWE, NORMAN	2.2 NAME	RAIMANN, CAROL
STREET ADDRESS	7701 STARKEY RD #234	2.3 STREET ADDRESS	7701 STARKEY RD #510
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE FL 33777
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGANO, DAN	3.2 NAME	FERGUSON, HUGH
STREET ADDRESS	7701 STARKEY RD. #427	3.3 STREET ADDRESS	7701 STARKEY RD #519
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BOB	4.2 NAME	GALGANO, DAN
STREET ADDRESS	7701 STARKEY RD. #316	4.3 STREET ADDRESS	7701 STARKEY RD #427
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPALDO, PAT	5.2 NAME	CLARK, BOB
STREET ADDRESS	7701 STARKEY RD #508	5.3 STREET ADDRESS	7701 STARKEY RD #316
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGANO, DAN	6.2 NAME	TOURTO, CAROL
STREET ADDRESS	7701 STARKEY RD. #427	6.3 STREET ADDRESS	7701 STARKEY RD #102
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	SEMINOLE, FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Raimann Raimann 4/28/97 360-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051943

CR2E037 (9/96)