## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 743044**

1. Corporatio	n Name				
THE BOULEVARD ASSOCIATION, INC.				243003 - 70440	
Principal Place of Business Mailing Address					
7701 STARKEY RDN. 7701 STARKEY RD					
SEMINOLE FL	34647	SEMINOLE FL 33777 US			
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.				<del>-</del>	06/12/1978  4. FEI Number Applied Far
					59-2036500 Not Applicable
22					\$8.75 Additional
23		28			5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	,	6, Election Campaign Financing \$5.00 May Be
24	25	29 30	0		Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent	81	LNama	10. Name and Address of New Registered Agent
			"	Name	
LIBERTE MANAGEMENT GROUP OPI INC				Street /	et Address (P.O. Box Number is Not Acceptable)
10645 1ST EAST					
TREASURE ISLAND FL 33706					
			84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the abov	e-named	d corporation submits this statement for the purpose of changing its registered
office or I	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was auth	norized by	the corpo	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	. 1/1				
	Signature, typed or printed name of registered agent			nt signature re	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T TOLL	G DELETE	1.1 NAME	ļ	CAROL TUORTO
NAME	OSBORNE, TOM			T ADDRESS	「ううえ・ <taqレビロ #1="" 0<="" 1="" 7="" dd.="" td=""></taqレビロ>
STREET ADDRESS CITY-ST-ZIP	7701 STARKEY RD, #623 SEMINOLE FL		1.4 CITY-S		SEMINOLE, FL 33777
TITLE	DS DS	☐ DELETE	2.1 TITLE	="	Change Addition
NAME	RAIMANN, CAROL		2.2 NAME		KEN KIBLER 7701 STARKET RD. #111
STREET ADDRESS	I		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-	ST-ZIP	SEMINOLE, FL -33777
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	GALGANO, DAN		3.2 NAME		TOM DECESARE 7701 STARKEY RD.#104
STREET ADDRESS	7701 STARKEY RD SUITE 427			TADORESS :	SEMINOLE, FL 35777
CITY-ST-ZIP	SEMINOLE FL	DELETE	3.4. CITY-1	ST-ZIP	SEMINOLE, FL 35777
TITLE	P	<b>≥</b> belefe	4.1 TITLE 4. 2 NAME		
NAME     STREET ADDRESS	CLARK, BOB			T ADDRESS	22
CITY-ST-ZIP	1701 OFFICE TIES. WOTO		4.4 CITY-5		~
TITLE	SEMINOLE FL D	☐ DELETE	5.1 TITLE		Zertange Addition
NAME	FERGUSON, HUGH		5.2 NAME		HUGH FERGUSON #519
STREET ADDRESS			5.3 STREE	T ADDRESS	STOL DIGKER KU. TOTT
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-5	ST-ZIP	SEMINOLE, FL 35777
TITLE	DI	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

SEMINOLE FL 14. 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

DEVEAU, BEVERLY

7701 STARKEY RD SUITE 504

NAME

STREET ADDRESS

**FILED** 

03-11-1999 90226 021 \*\*\*\*61.25

Mar 11, 1999 8:00 am § Secretary of State