

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90065 022 ****61.25

DOCUMENT # 743044

1. Entity Name

THE BOULEVARD ASSOCIATION, INC.

Principal Place of Business

**7701 STARKEY RD.N.
 SEMINOLE FL 33777**

Mailing Address

**7701 STARKEY RD.N.
 SEMINOLE FL 33777**

2. Principal Place of Business

**COMPREHENSIVE MANAGEMENT CO.
 10575 68TH AVE.N.STE B-3
 LANDMARK CENTER
 SEMINOLE, FLORIDA**

Suite, Apt. #, etc.

City & State

33772

Zip

Country

Zip

Country

Vendor # 1506



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2036500**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LIBERTE MANAGEMENT GROUP OPI INC
 10645 1ST EAST
 TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name **Comprehensive Management**
 Street Address **10575 68th Ave N.**
 City **Seminole FL** Zip Code **33772**

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 *Donald Graham*
 Signature, typed or printed name of registered agent and title if applicable **DON GRAHAM** DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------------------------------------------------|
| TITLE NAME | D <input type="checkbox"/> Delete CLARKE, ROBERT |
| STREET ADDRESS | 7701 STARKEY ROAD # 316 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |
| TITLE NAME | D <input type="checkbox"/> Delete CAPALDO, PAT |
| STREET ADDRESS | 7701 STARKEY ROAD # 508 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |
| TITLE NAME | T <input type="checkbox"/> Delete TUORTO, CAROL |
| STREET ADDRESS | 7701 STARKEY ROAD, #702 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |
| TITLE NAME | VP <input checked="" type="checkbox"/> Delete GALGANO, DAN |
| STREET ADDRESS | 7701 STARKEY ROAD, #427 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |
| TITLE NAME | D <input type="checkbox"/> Delete KIBLER, KEN |
| STREET ADDRESS | 7701 STARKEY ROAD, #431 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |
| TITLE NAME | P <input type="checkbox"/> Delete KORCZ, HENRY |
| STREET ADDRESS | 7701 STARKEY ROAD, #626 |
| CITY-ST-ZIP | SEMINOLE FL 33777 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|------------------------------------------------------------------------------------------------------------------|
| TITLE NAME | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hugh Ferguson |
| STREET ADDRESS | 7701 Starkey Rd #519 |
| CITY-ST-ZIP | Seminole, FL 33777 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William TELFORD |
| STREET ADDRESS | 7701 STARKEY RD #419 |
| CITY-ST-ZIP | LARGO, FL 33777 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Henry Korcz</i> |
| 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: **SIGNATURE REQUIRED** *Henry Korcz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HENRY KORCZ** Date Daytime Phone #

CR2E037 (9/01)