

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743044

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: THE BOULEVARD ASSOCIATION, INC.

**Current Principal Place of Business:**

7701 STARKEY RD  
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESOURCE PROPERTY MGMT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**New Mailing Address:**

FEI Number: 59-2036500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RESOURCE PROPERTY MGMT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIRKPATRICK, RON  
Address: 7701 STARKEY RD #507  
City-St-Zip: SEMINOLE, FL 33777

Title: VP ( ) Delete  
Name: FERGUSON, HUGH  
Address: 7701 STARKEY RD #519  
City-St-Zip: SEMINOLE, FL 33777

Title: T ( ) Delete  
Name: MOULAND, ERIC  
Address: 7701 STARKEY RD #405  
City-St-Zip: SEMINOLE, FL 33777

Title: ASST ( ) Delete  
Name: PIKE, WARWICK  
Address: 7701 STARKEY RD #321  
City-St-Zip: SEMINOLE, FL 33777

Title: S ( ) Delete  
Name: SUTTON, DONNA  
Address: 7701 STARKEY RD #630  
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete  
Name: SOMMERS, DONALD  
Address: 7701 STARKEY RD #431  
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON KIRKPATRICK

P/D

04/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date