


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90181 034 ****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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

30000610



CHECK HERE IF MAKING CHANGES

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

**COMPREHENSIVE MANAGEMENT
10575 68TH AVE N
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME VP William Telford # 419	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7701 Starkey Rd	
CITY-ST-ZIP Seminole FL 33777	
TITLE NAME T Carol Tuorto	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7701 Starkey Rd #	
CITY-ST-ZIP Seminole FL 33777	
TITLE NAME D Helen Dodiheg	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7701 Starkey Rd # 402	
CITY-ST-ZIP Seminole FL 33777	
TITLE NAME D Donald Sommers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7701 Starkey Rd # 629	
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	

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: *Robert Clarke* **SIGNATURE REQUIRED** *Jan 16/2003*

CR2E037 (10/02)