

5/3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-03-2001 91123 011 ****61.25

DOCUMENT # 754403

1. Entry Name

BOULEVARD HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2830 NW 41 ST
 STE F
 GAINESVILLE FL 32606
 US

Mailing Address

2830 NW 41ST STREET
 F
 GAINESVILLE FL 32606
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3138861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, PAT
 2830 NW 41ST ST
 SUITE F
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Tripp, Pat

Street Address (P.O. Box Number is Not Acceptable)

4400 NW 34th Ave

City

Gainesville

FL

Zip Code

32604

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
 NAME PIERSON, ANN
 STREET ADDRESS 3315 NW 47TH TERRACE
 CITY-ST-ZIP GAINESVILLE FL 32601

TITLE VD ☐ Delete
 NAME MADSEN, KIRSTEN M
 STREET ADDRESS 2435 N.W. 27TH PL
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE STD ☐ Delete
 NAME SUMMERS, ROBERT
 STREET ADDRESS 361 NE BLVD #361
 CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete
 NAME Essenwein, George
 STREET ADDRESS 351 NE Blvd. B-2
 CITY-ST-ZIP Gainesville, FL 32601

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 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:

QUOTATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

377-5666

Daytime Phone #

CR2E037 (10/00)