

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-19-2002 90018 031 ****61.25

DOCUMENT # 754403

1. Entity 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

4400 NW 36th Avenue

Suite, Apt. #, etc.

3. Mailing Address

4400 NW 36th Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville Florida

Zip **32606**

Country **USA**

City & State

Gainesville Florida

Zip **32606**

Country **USA**

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

7. Name and Address of New Registered Agent

TRIPPE, PAT
4400 NW 34TH AVENUE
GAINESVILLE FL 32608

Change →

Name

4400 NW 36th Avenue

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, ANN	
STREET ADDRESS	3315 NW 47TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MADSEN, KIRSTEN M	
STREET ADDRESS	2435 N.W. 27TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUMMERS, ROBERT	
STREET ADDRESS	361 NE BLVD #361	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSENWEIN, GEORGE	
STREET ADDRESS	351 NE BLVD B-2	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Coates	
STREET ADDRESS	355 NE Blvd.	
CITY-ST-ZIP	Gville, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Summers-Robert	
STREET ADDRESS	361 Ne Blvd #361	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Essenwein George	
STREET ADDRESS	351 Ne Blvd B-2	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

3/7/02

352-377-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/01)