

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000768 (0)
1. Corporation Name

BOULEVARD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1596 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952
Mailing Address: 1596 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952

3. Date Incorporated or Qualified: 02/15/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FARRELL, RICKEY L
1595 SE PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: FARRELL, RICKEY L
STREET ADDRESS: 1595 SE PT ST LUCIE BLVD
CITY-ST-ZIP: PT ST LUCIE FL 34952 DELETE

TITLE: DPV
NAME: PLACIDO, RAMIRO
STREET ADDRESS: 1595 SE PORT ST LUCIE BLVD
CITY-ST-ZIP: PT ST LUCIE FL 34952 DELETE

TITLE: D
NAME: VAN ARSDALE, TONI
STREET ADDRESS: 622 SW PT ST LUCIE BLVD
CITY-ST-ZIP: PT ST LUCIE FL 34884 DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D/S/T
1.2 NAME: LANNING, MICHAEL
1.3 STREET ADDRESS: 1597 SE Port St Lucie Blvd
1.4 CITY-ST-ZIP: Port St Lucie, FL 34952 Change Addition

2.1 TITLE: D/P
2.2 NAME: FARRELL, RICKEY L.
2.3 STREET ADDRESS: 1595 SE PORT ST LUCIE BLVD
2.4 CITY-ST-ZIP: PORT ST LUCIE, FL 34952 Change Addition

3.1 TITLE: D
3.2 NAME: MAYCEN, LAURA J
3.3 STREET ADDRESS: 1595 SE PORT ST LUCIE BLVD
3.4 CITY-ST-ZIP: PORT ST LUCIE, FL 34952 Change Addition

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICKEY L. FARRELL

Date: 407-385-5455
Daytime Phone #

CR2E037 (3/96)