2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000768

1. Entity Name
BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952	1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0757487

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FARRELL, RICKEY L
STREET ADDRESS	1595 SE PT ST LUCIE BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 34952
TITLE	DST
NAME	ESPIE, JANICE
STREET ADDRESS	1599 SE PORT ST. LUCIE BLVD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	SCHAFFER, MARTIN
STREET ADDRESS	1597 SE PORT ST LUCIE BLVD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80014-015 18.38

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05/08/07-80014-014 28.17

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-19-07 772-335-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #