FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90038 011 ****61.25

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DOCUMENT # N97000007190

1. Corporation Name
BOULEVARD HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1630 N 70 AVENUE HOLLYWOOD FL 33024	1630 N 70 AVENUE HOLLYWOOD FL 33024

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/29/1997
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27	4. FEI Number 65-0817474 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WOODS, LECIL
1630 NORTH 70TH AVE.
HOLLYWOOD FL 33024-5650

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, LECIL		1.2 NAME		
STREET ADDRESS	1630 N. 70TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024-5650		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PEPIN, CHARLES		2.2 NAME	Jim Curci	
STREET ADDRESS	1321 N. 71 AVENUE		2.3 STREET ADDRESS	7201 Mckinley Street	
CITY-ST-ZIP	HOLLYWOOD FL 33024		2.4 CITY-ST-ZIP	Hollywood Fla 33024	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	DE LA ROSA, KISBEL		3.2 NAME	Patti Keller	
STREET ADDRESS	7209 MCKINLEY STREET		3.3 STREET ADDRESS	7390 Arthur St.	
CITY-ST-ZIP	HOLLYWOOD FL 33024		3.4 CITY-ST-ZIP	Hollywood Fl 33024	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LA FORTUNE, RICHARD		4. 2 NAME		
STREET ADDRESS	7210 MCKINLEY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		4.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	SUAREZ, MARIE		5.2 NAME	Frances Waelens	
STREET ADDRESS	1311 N. 71 TERRACE		5.3 STREET ADDRESS	1360 N. 73rd Way	
CITY-ST-ZIP	HOLLYWOOD FL 33024		5.4 CITY-ST-ZIP	Hollywood Fl 33024	
TITLE	MD	☒ DELETE	6.1 TITLE	MD	☒ Change ☐ Addition
NAME	CURCI, JAMES		6.2 NAME	Esau Guptar	
STREET ADDRESS	7201 MCKINNEY ST		6.3 STREET ADDRESS	1131 N. 74 Terrace	
CITY-ST-ZIP	HOLLYWOOD FL 33024		6.4 CITY-ST-ZIP	Hollywood Florida 33024	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Lecil Woods President SIGNATURE REQUIRED Lecil Woods 1/3/99 954-962-3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #