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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 716652

(3)

| 1. Corporation   | BOULEVARD ASSOCIATION  | _ (-,  |                                |                 |                                  |  |  |   |  |
|--|--|--|--------------------------------|-----------------|----------------------------------|--|--|---|--|
| Principal Place  | e of Business  | Mailing Address  |                                |                 |                                  |  | ilgi qidii gibii badii d                     |   |  |
| 230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435  230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435  BOYNTON BEACH FL 33435 |  |  |                                |                 |                                  |  |  |   |  |
|  |  | DOMINION BEKON (E.S.   | 0100                           |                 |                                  | 3. Date Incorporated or Qualified 06/02/1969   | 3a. Date of La<br>03/30                      | ast Report<br><b>)/1995</b>             |  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address 26   | _                              |                 |                                  | 4. FEI Number 59-1378501   |  | Applied For<br>Not Applicable           |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |                                |                 | 5. Certificate of Status Desired | 1 7 7 7  | 75 Additional<br>se Required                 |   |  |
| City & State   | 9  | City & State   |                                |                 |                                  | Election Campaign Financing     Trust Fund Contribution  |  | .00 May Be                              |  |
| Zip •  | Country 25   | Zip <b>29</b>  | Country<br>30                  | <i>i</i>        |                                  | 8. This corporation has liability for in   |  |   |  |
|  | 9. Name and Address of Curre   | nt Registered Agent  | 11                             |                 |                                  | 10. Name and Address of New Re   |  |   |  |
| •  |  |  | 81                             | Nar             | ne                               |  |  |   |  |
| MORGAN, JUDY<br>245 SO BLVD  |  |  | 82                             | Stre            | et Addres                        | dress (P.O. <b>GAGAART)                                   </b>   |  |   |  |
| BOYNTO   | ON BEACH FL 33435  |  | 83                             |                 |                                  | ***61.25   |  | ·                                       |  |
|  |  |  | 84                             | ′               |                                  |  |  | Zip Code                                |  |
| 11. Pursuant i<br>or register<br>familiar wi   | to the provisions of Sections 617.050;<br>red agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec | 2 and 617.1508, Florida Statute<br>ida. Such change was authorize<br>tion 617.0503, Florida Statutes | s, the above-<br>d by the corp | namec<br>oratio | l corporat<br>n's board          | ion submits this statement for the purp<br>of directors. I hereby accept the appoi   | ose of changing it<br>intment as register    | is registered office<br>red agent. I am |  |
| SIGNATURE  | on, and accept the obligations of, coo   | Borr 017.0000, Florida Otaldies.   |                                |                 |                                  |  |  |   |  |
| SIGNATURE .  | Signature, typed or printed name of registered agen  | t and title if applicable. (NOT  | E Registered Age               | n signati       | re required w                    | hen reinstafing)   | DATE   | <del></del>                             |  |
| 12.  |  | ID DIRECTORS   | 13.                            | •               |                                  | ADDITIONS/CHANGES TO OFFICE  | OFRS AND DIREC                               | TORS IN 12                              |  |
| TITLE  | VPD  | DELETE   | 1.1 TITLE                      |                 | VP                               |  | Chang  | ge 🖊 Addition                           |  |
| NAME   | PFEIFFER, WILLIAM  |  | 1.2 NAME                       |                 | RI                               | CH MONIECHER<br>5 D' SOUTH BL  | ./ <b>x</b>                                  |   |  |
| STREET ADDRESS   | 360 "A" MAIN BLVD  |  | 1 3 STREET                     | ADDRE:          | is 27                            | 3 D SOUTH BE   | ν <u>υ</u>                                   |   |  |
| CITY - ST - ZIP  | BOYNTON BEACH FL   |  | 1.4 CITY- 9                    | ST-ZIP          | Bol                              | FATON Brash 71. 3  | 3485   |   |  |
| TITLE  | SD   | DELETE   | 21 TITLE                       |                 | AT.                              | D  | Chang  | ge 🛮 Addition                           |  |
| NAME   | CARR, JOANN  | ,  | 2.2 NAME                       |                 | HIM                              | DA Me CAULEY   |  |   |  |
| \$TREET ADORESS  | 340 "D" MAIN BLVD  |  | 2.3 STREET                     | ADDRES          | is 23                            | 5 SOUTH BLVD   |  |   |  |
| CITY-ST-ZIP  | BOYNTON BEACH FL   |  |                                | 2.4 CITY-ST-ZIP |                                  | OYN TON BEACH, FL. 33435   |  |   |  |
| TITLE  | ADS  | DELETE   | 3.1 TITLE                      |                 | N.                               | LORES BROWN T  | Chang  | ge 🖊 Addition                           |  |
| NAME   | SNIDLE, VIRGINIA   |  | 3.2 NAME                       |                 | 33                               | O MAIN BLUD  |  |   |  |
| STREET ADDRESS   | 245 "A" SOUTH BLVD   |  | 3.3 STREET                     | ADDRES          |                                  | of noon Beach, F   | 1. 3 4/15                                    | <u>.</u>                                |  |
| CITY-ST-ZIP  | BOYNTON BEACH FL   |  | 3.4. CITY-                     | ST-ZIP          |                                  |  |  | _                                       |  |
| TITLE  | TO   | DELETE   | 4.1 TITLE                      |                 |                                  | thy FEFRARA  | ☐ Chang                                      | ge 🖊 Addition                           |  |
| NAME   | PFEIFFER, KATHERINE  |  | 4. 2 NAMĚ                      |                 |                                  |  | •  |   |  |
| STREET ADDRESS   | 360 "A" MAIN BLVD  |  | 4.3 STREET                     | ADDRES          | s <b>12</b> 3                    | , ,  | 41, 33,                                      | 125                                     |  |
| DITY-ST-ZIP  | BOYNTON BEACH FL   |  | 4.4 CITY - 5                   | ST-ZIP          | 150                              | oynton Beach   | <u>' '                                  </u> |   |  |
| TITLE  | ATD HANDION  | DELETE   | 5.1 TITLE                      |                 | D                                | an Barna   | Chang  | ge 🔲 Addition                           |  |
| NAME   | HOWELL, MARION   |  | 5.2 NAME                       |                 | HU                               | RRY BOJAN  |  |   |  |
| STREET ADDRESS   | 245 "C" SOUTH BLVD   |  | 5.3 STREET                     |                 | s   26                           | S SOUTH Blod   | 11. 334                                      | ا سرما                                  |  |
| CITY-ST-ZIP  | BOYNTON BEACH FL   | Closuste   | 5.4 CITY - S                   | T-ZIP           | 150                              |  |  | r >\$5                                  |  |
| TITLE  | D  | DELETE   | 61 TITLE                       |                 | $ \mathcal{D}$                   | Ozzatolla  | ☐ Chang                                      | ge 🔲 Addition                           |  |
| NAME   | ALTMAN, BENJAMIN   |  | 62 NAME                        |                 | 1,76                             | TUL COSTAILS   |  |   |  |
| STREET ADDRESS   | 355 "C" MAIN BLVD  |  | 63 STREET                      |                 | s 2H                             | SYN TON Bench  | 11.  |   |  |
| CITY-ST-ZIP  | BOYNTON BEACH FL   | with this files is set and it.   | 64 CITY-S                      |                 |                                  |  |  | 3435                                    |  |
| certify that<br>oath; that   | the information indicated on this ann  | ual report or supplemental annu<br>tration or the receiver or trustee                                | al report is tru<br>empowered  | ie and          | accurate                         | the exemption stated in Section 119.0<br>and that my signature shall have the se<br>eport as required by Chapter 617, Flor | ama lagal affect a                           | e if made under                         |  |

SIGNATURE:

SIGNATURE PROTYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-26-96 734-008

CR2E037 (12/95)