

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 735430

1. Entity Name
**THE BOULEVARD BUILDING CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1920 PALM BEACH LAKE BLVD.
#101
WEST PALM BEACH, FL 33409**

Mailing Address
**1920 PALM BEACH LAKE BLVD.
#101
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1670331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IRVINE, ANN L
1920 PALM BEACH LAKES BLVD.
SUITE 101
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
IRVINE, ANN L
1920 PALM BEACH LAKES BLVD #101
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MURPHY, BRIAN
1920 PALM BEACH LAKES BLVD #207
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NICHOLS, MICHAEL
1920 PALM BEACH LAKES BLVD #110
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WAGNER, ALAN
1920 PALM BEACH LAKES BLVD #211
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOPEK, RICHARD
1920 PALM BEACH LAKES BLVD #206
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIPSON, SETH
1920 PALM BEACH LAKES BLVD # 204
WEST PALM BEACH, FL 33409**

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05/04/05-80011-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ann L. Irvine; President

4/28/05

561 684 0222