2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #713369

1. Entity Name

BOULEVARD VILLAS ASSOCIATION, INC.



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

FT. LAUDERDALE, FL 33311

2890 N ANDREWS AVE

Mailing Address

2890 N ANDREWS AVE

FT. LAUDERDALE, FL 33311

| 1204 | 200 | 1206 | 128 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 | 118 |

DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 92-2223014

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ROGER 2880 N ANDREWS AVE FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE			
A	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be	<u> </u>
10.	OFFICERS AND DIRECTORS		I
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROW, CHAD 1210 NE 1ST AVE FORT LAUDERDALE, FL 333041904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGHES, ROGER 2890 N. ANDREWS AVENUE FT. LAUDERDALE, FL		U00000819252 02/15/08-80076-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS			

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 end 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 time empowered.

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Joges Hypes 2-4-08