

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90108 025 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 713369
 1. Entity Name
BOULEVARD VILLAS ASSOCIATION, INC.



Principal Place of Business
**2880 N ANDREWS AVE
 FT. LAUDERDALE FL 33311**

Mailing Address
**2880 N ANDREWS AVE
 FT. LAUDERDALE FL 33311**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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: Roger Hughes **Roger Hughes** *secretary/treasurer - 4-20-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRETOREX, ALAN 320 NE 42ND ST FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGHES, ROGER 2880 N. ANDREWS AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADDRESS, LARRY 3301-A RALEIGH ST. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDONI, LOUISE 257 NW 32ND ST. OAKLAND PARK FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULLER, ROBERT 10883 NW 18 PL PLANTATION FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faye Simpson 6051 N. Ocean Dr #704 Hollywood FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 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 817, 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: ROGER HUGHES **ROGER HUGHES** *secretary/treasurer - 4-20-03*
Signature and typed or printed name of signing officer or director DATE **4-20-03** DAYTIME PHONE # **566-7278**



CHECK HERE IF MAKING CHANGES

CP2E007 (10/02)