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

09-04-2003 90058 007 ****61.25 SECRETARY CLASTAN BIVISION OF CORPUS 713369 **DOCUMENT # 713369** 1. Entity Name BOULEVARD VILLAS ASSOCIATION, INC. 03 SEP -9 PM 2: 35 Principal Place of Business Mailing Address 2890 N ANDREWS AVE 2890 N ANDREWS AVE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 92-2223014 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HUGHES, ROGER Street Address (P.O. Box Number is Not Acceptable) 2880 N ANDREWS AVE FORT LAUDERDALE FL 33311 City Zip Code 6. 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. 9:2-03 SIGNATURE FILE NOW: FEE-IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition GRETOREX, ALAN NAME NAME STREET ADDRESS 320 NE 42ND ST STREET ADDRESS CR2E037 FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Addition HUGHES, ROGER NAME NAME 2890 N. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ateleti 🗺 ANDRESS, LARRY NAME NAME 3301-A RALEIGH ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-7IP CITY-ST-7(P TITLE ☐ Change Delete TITLE Addition GUIDONI. LOUISE NAME 257 NW 32ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-7IP . TITLE TITE F ☐ Change **Delete** Addition HLLER, ROBERT NAME NAME 10963 NW 18 PL STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 typort 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP