


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

09-04-2003 90058 007 ****61.25
 713369

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 SEP -9 PM 2:35

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



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.

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**



CHECK HERE IF MAKING CHANGES

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** **9-2-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRETOREX, ALAN	
STREET ADDRESS	320 NE 42ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUGHES, ROGER	
STREET ADDRESS	2890 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDRESS, LARRY	
STREET ADDRESS	3301-A RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUIDONI, LOUISE	
STREET ADDRESS	257 NW 32ND ST.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HLLER, ROBERT	
STREET ADDRESS	10963 NW 18 PL	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the 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: *Roger Hughes* **Roger Hughes** **9-2-03** **954-566-7278**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)