



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90180 009 \*\*\*\*61.25

<b>DOCUMENT # 724422</b> 1. Entity Name <b>THE BOULEVARD CLUB, INC.</b>					
Principal Place of Business <b>C/O INTEGRATED PROPERTY MGMT INC          3435 10TH ST N STE 201          NAPLES, FL 34103 US</b>			Mailing Address <b>C/O INTEGRATED PROPERTY MGMT INC          3435 10TH ST N STE 201          NAPLES, FL 34103 US</b>		
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 <b>59-1471481</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HERB BROCK/BECKER &amp; POLIAKOFF          BANK OF AMERICA CENTER          4501 TAMiami TRAIL N. SUITE 214          NAPLES, FL 34103</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BAGLEY, ALICE</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Barickman, Lewis</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<b>1900 GULF SHORE BLVD. N. NAPLES, FL 34102</b>			<b>1900 Gulf Shore Blvd. N #301 Naples, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEONARD, JR, LARRY</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Bostley, Paul</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<b>1900 GULF SHORE BLVD. N. # 605 NAPLES, FL 34102</b>			<b>1900 Gulf Shore Blvd. N #603 Naples, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRADLEY, JOANNE</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1900 GULF SHORE BLVD. N., # 304 NAPLES, FL 34102</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VARTY, DUNCAN</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1900 GULF SHORE BLVD N #105 NAPLES, FL 34102</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARICKMAN, LEWIS</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Leonard, Jr., Larry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<b>1900 GULF SHORE BLVD. N. #301 NAPLES, FL 34102</b>			<b>1900 Gulf Shore Blvd. N. #605 Naples, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS FOSTER, AMY L</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>3435 10TH STREEN NORTH #201 NAPLES, FL 34103</b>				
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 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.					
<b>SIGNATURE:</b> 			<b>April 22, 2006</b> <b>213-0262</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					