


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 028 ****61.25

DOCUMENT # 724422 1. Entity Name THE BOULEVARD CLUB, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MGMT INC 3435 10TH ST N STE 201 NAPLES, FL 34103 US			Mailing Address C/O INTEGRATED PROPERTY MGMT INC 3435 10TH ST N STE 201 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1471481	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERB BROCK/BECKER & POLIAKOFF BANK OF AMERICA CENTER 4501 TAMiami TRAIL N. SUITE 214 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BARICKMAN, LEWIS 1900 GULF SHORE BLVD N #301 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS Nusbaum, Joan 1900 Gulf Shore Blvd. N. #206 Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOSTLEY, PAUL 1900 GULF SHORE BLVD N #603 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, LYNN 1900 GULF SHORE BLVD N. #504 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARTY, DUNCAN 1900 GULF SHORE BLVD N #105 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONARD, LARRY JR 1900 GULF SHORE BLVD N #605 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Lauren B. Leonard</i> LAURENCE B. LEONARD <u>3/20/08</u> <u>239-643-3869</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					