

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90090 005 ****61.25

DOCUMENT # 725128

1. Entity Name

BOULEVARD LANDMARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2131 HOLLYWOOD BLVD.
 #101
 HOLLYWOOD FL 33020

2131 HOLLYWOOD BLVD.
 #101
 HOLLYWOOD FL 33020

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

59-1625687

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, SHELDON H.
 2131 HOLLYWOOD BLVD.
 #101
 HOLLYWOOD FL 33020

Name: **ROBERT GIACIN**

Street Address (P.O. Box Number is Not Acceptable)

2131 Hwd Blvd #101

City: **Hollywood**

FL

Zip Code: **33020**

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.

SIGNATURE: *Robert Giacin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: WESCOKES, CHARLES
 STREET ADDRESS: 1231 HWD BLVD #208
 CITY-ST-ZIP: HOLLYWOOD FL 33020

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: STD Delete
 NAME: GIACIN, ROBERT
 STREET ADDRESS: 2131 HOLLYWOOD BLVD #101
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Delete
 NAME: THORZ, MIKE
 STREET ADDRESS: 2131 HWD BLVD #508
 CITY-ST-ZIP: HOLLYWOOD FL 33020

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 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 titles empowered.

SIGNATURE:

Robert Giacin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02

CR2E037 (9/01)