2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 08:00 AM Secretary of State

Daylime Phone #

| ANNUAL REPORT | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| DOCUMENT # 72512 1. Entity Name BOULEVARD LANDMARK COASSOCIATION, INC. | | | | | | | | |
| Principal Place of Business 2131 HOLLYWOOD BLVD. #101 HOLLYWOOD, FL 33020 | Mailing Address 2131 HOLLYWOOD BLVD. #101 HOLLYWOOD, FL 33020 | | | | | | | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| HOLLYWOOD |), FL 33020 | OLLYWOOD, FL 33020 | | | | | | | |
|--|---|--|--|--|---|--|--|--|--|
| DO NOT WRITE IN THIS SPAC | | | CE | 4. FEI Numb | | CR2E037 | Applied For | | |
| | | | | 59-162 5. Certificate | of Status Desired | | Not Applicable 8.75 Additional se Required | | |
| | 6. Name and Address of Current Re | istered Agent | | | | - | | | |
| GIACIN, ROBERT 2131 HOLLYWOOD BLVD #101 HOLLYWOOD, FL 33020 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| the obligat | named entity submits this statement for thions of registered agent. | e purpose of changing its registere | ed office or re | egistered agent, or bo | oth, in the State of Flo | rida. i am fa | miliar with, and accept | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and | file if epplicable (NOTE, Registere | o Agent signature | required when reinstating) | | DATE | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | Election Campaign Finar Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | • | | | |
| 10. | OFFICERS AND DIF | RECTORS | | | · | - | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THORZ, MIKE 2131 HWD BLVD #508 HOLLYWOOD, FL 33020 | | | | U000001 02/06/04-1 | 038425 30138-0 | 16 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GIACIN, ROBERT 2131 HOLLYWOOD BLVD #101 HOLLYWOOD, FL | | | | | | | | |
| THILE NAME STREET ADDRESS CITY-ST-ZIP | VD BRAY, NORMAN 2131 HWD BLVD #501 HOLLYWOOD, FL 33020 | | | DO | NOT W | RITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SF | PACE | | | |
| THLE NAME SIREET ADDRESS CITY-SI-ZIP | | | | | | _ | Ŧ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| 12, I hereby indicated of the collaboration | certify that the information supplied with the on this report or supplemental report is in receive or trustee empower, or on an attachment with an afforces, with | is filing does not qualify for the exe ue and accurate and that my signal ered to execute this report as requi- n all other like empowered. | mption stated ture shall hav red by Chap | d in Section 119.07(3 ve the same legal effe ter 517, Florida Stetut | (i), Florida Statutes. I ct as if made under c es, and that my name | further certificath, that I and a appears in | y that the Information nan officer or director Block 10 or Block 11 if | | |