

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90116 031 \*\*\*\*61.25

<b>DOCUMENT # 735430</b> 1. Entity Name <b>THE BOULEVARD BUILDING CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1920 PALM BEACH LAKE BLVD. #101 WEST PALM BEACH, FL 33409</b>			Mailing Address <b>1920 PALM BEACH LAKE BLVD. #101 WEST PALM BEACH, FL 33409</b>		
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 <b>59-1670331</b>	
Zip		Country		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>IRVINE, ANN L 1920 PALM BEACH LAKES BLVD. SUITE 101 WEST PALM BEACH, FL 33409</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVINE, ANN L		NAME	Leslie Mendenhall	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD #101		STREET ADDRESS	1920 Palm Beach Lakes Blvd # 218	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Fl. 33409	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, BRIAN		NAME	STUART WANUCK	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD #207		STREET ADDRESS	1920 Palm Beach Lakes Blvd #	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Fl. 33409	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, MICHAEL		NAME	THOMAS J. PAUGIA	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD #110		STREET ADDRESS	135 Seagate Rd.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	Palm Beach, Fl. 33480	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ALAN		NAME	WAGNER, ALAN	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD #211		STREET ADDRESS	1920 Palm Beach Lakes Blvd # 211	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Fl. 33409	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, SETH		NAME	SETH LIPSON	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD # 204		STREET ADDRESS	1920 Palm Beach Lakes Blvd # 204	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Fl. 33409	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <i>Seth Lipson</i> <b>Seth Lipson Treas</b> <i>4/27/07</i> <b>561 478 1011</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					