

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735430

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE BOULEVARD BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1920 PALM BEACH LAKE BLVD.
#101
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1920 PALM BEACH LAKE BLVD.
#101
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-1670331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRVINE, ANN L
1920 PALM BEACH LAKES BLVD.
SUITE 101
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WANUCK, STUART
Address: 1920 PALM BEACH LAKES BLVD #215
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS () Delete
Name: PANGIA, THOMAS J
Address: 135 SEAGATE RD.
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: WAGNER, ALAN
Address: 1920 PALM BEACH LAKES BLVD #211
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DT () Delete
Name: LIPSON, SETH
Address: 1920 PALM BEACH LAKES BLVD # 204
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS () Delete
Name: IRVINE, ANN L
Address: 1920 PALM BEACH LAKES BLVD #101
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN L. IRVINE

DS

04/24/2009

Electronic Signature of Signing Officer or Director

Date