2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739529

FILED Apr 19, 2006 Secretary of State

Entity Name: BOULEVARD GARDENS COMMUNITY GROUP, INC.

Current P				
	Principal Place of B	usiness:	New Principal Place	e of Business:
	8TH WAY ERDALE, FL 33311	US		
Current N	Mailing Address:		New Mailing Addres	ss:
510 NW 3	0TH AVENUE			
	ERDALE, FL 33311	US		
FEI Number	: 65-1083426 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:
259 NW 2	DENNIS W 9TH TERRACE ERDALE, FL 33311	US		
	e named entity submi e of Florida.	its this statement for the p	ourpose of changing its register	ed office or registered agent, or bot
SIGNATU	RE:			
	Electronic Sig	nature of Registered Age	ent	Date
OFFICER	S AND DIRECTORS	S:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO
Fitto:	CEO () Delete	è	Title:	() Change () Addition
√ame: Address:	WILLIAMS, NOREEN 510 NW 30TH AVE FORT LAUDERDALE,		Name: Address: City-St-Zip:	() Change () Mandi
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILLIAMS, NOREEN 510 NW 30TH AVE	FL 33311 e CE	Name: Address:	() Change () Addition
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Name: Address: City-St-Zip: Title: Name: Address:	WILLIAMS, NOREEN 510 NW 30TH AVE FORT LAUDERDALE, VP () Delete WALKER, DENNIS W 259 NW 29TH TERRA FT. LAUDERDALE, FL D () Delete MITCHELL, QUILONE 3041 NW 5 CT	FL 33311 CE . 33311 333311	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Name: Address:	WILLIAMS, NOREEN 510 NW 30TH AVE FORT LAUDERDALE, VP () Delete WALKER, DENNIS W 259 NW 29TH TERRA FT. LAUDERDALE, FL D () Delete MITCHELL, QUILONE 3041 NW 5 CT FT LAUDERDALE, FL D () Delete WOMACK, BEATRICE PO BOX 491752	FL 33311 CE . 33311 33311 FL 33349 CE CE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Address: Address: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS W WALKER VP 04/19/2006