2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F02000006406

1. Entity Name
BOUNDLESS PLAYGROUNDS, INC.

Principal Place of Business	Mailing Address
45 WINTONBURY AVENUE BLOOMFIELD, CT 06002	45 WINTONBURY AVENUE BLOOMFIELD, CT 06002

02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1512497
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARMER, BETTINA
1490 DOWD COURT, S.E.
PALM BAY, FL 32909

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000078966
03/08/04-80047-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEFKOWITZ, DAVID R
STREET ADDRESS	533 COTTAGE GROVE ROAD
CITY-ST-ZIP	BLOOMFIELD, CT 06002
TITLE	V
NAME	BRIGHAM, NEIL
STREET ADDRESS	115 PERIMETER CENTER PLACE NE S. TERRACES
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	S
NAME	CORSEY, CHUCK
STREET ADDRESS	PO BOX 271834
CITY-ST-ZIP	WEST HARTFORD, CT 06106
TITLE	T
NAME	DIZES, SANDOR
STREET ADDRESS	115 GLASTONBURY BLVD.
CITY-ST-ZIP	BLOOMFIELD, CT 06033
TITLE	D
NAME	BARZACH, AMY
STREET ADDRESS	45 WINTONBURY AVENUE
CITY-ST-ZIP	BLOOMFIELD, CT 06002
TITLE	D
NAME	JACQUES, BERNARD
STREET ADDRESS	225 ASYLUM STREET
CITY-ST-ZIP	HARTFORT, CT 06103

DO NOT WRITE IN THIS SPACE

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 like empowered.

X **SIGNATURE:** _____ 3/2/04 860/243-8315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #