2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90013 016 ***150.00

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1. Entity Name
BOUELVARD ISLAND ASSOCIATES INC.

Principal Place of Business	Mailing Address
~~245 DOLPHIN DR.~~ ~~HEWLETT NECK, NY 11598~~ 20 WILLSHIRE CIRCLE MANHASSET NY 11030	~~245 DOLPHIN DR.~~ ~~HEWLETT NECK, NY 11598~~

02192008 No Chg-P CR2E034 (11/05)

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4. FEI Number
11-2977726
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTICO, AUGUSTUS
3200 NORTH OCEAN BLVD. #503
FT LAUDERDALE, FL 33308

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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)

FILE NOW!!! FEE IS $150.00 ✓
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HEID, MILTON
STREET ADDRESS	~~245 DOLPHIN DR.~~ 20 WILLSHIRE CIRCLE
CITY-ST-ZIP	~~HEWLETT NECK, NY 11598~~ MANHASSET NY 11030
TITLE	DS
NAME	HEID, CHRISTINE
STREET ADDRESS	~~245 DOLPHIN DR.~~ 20 WILLSHIRE CIRCLE
CITY-ST-ZIP	~~HEWLETT NECK, NY 11598~~ MANHASSET NY 11030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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.

SIGNATURE: _____ 2/28/08 954-56.-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #