

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90013 016 ***150.00

DOCUMENT # F03000000410	
1. Entity Name BOUELVARD ISLAND ASSOCIATES INC.	

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

DO NOT WRITE IN THIS SPACE

	
02192008	No Chg-P
CR2E034 (11/05)	
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 _____ (NOTE: Registered Agent signature required when reinstating)

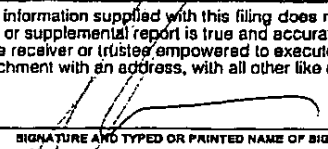
DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HEID, MILTON 245 DOLPHIN DR. 20 WILKSHIRE CIRCLE HEWLETT NECK, NY 11598 MANHASSET NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEID, CHRISTINE 245 DOLPHIN DR. 20 WILKSHIRE CIRCLE HEWLETT NECK, NY 11598 MANHASSET NY 11030
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/08 Daytime Phone #: 954-566-0491