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Mar 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G91213 (0)**  
 1. Corporation Name  
**BOULEVARD PARK HOME OWNERS CORPORATION**



Principal Place of Business <b>2266 GULF-TO-BAY BLVD.</b> <b>LOT 907</b> <b>CLEARWATER FL 34625-4013</b> <b>US</b>	Mailing Address <b>2266 GULF-TO-BAY BLVD.</b> <b>LOT 907</b> <b>CLEARWATER FL 34625-4019</b> <b>US</b>
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<b>2</b> Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a</b> Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3</b> Date Incorporated or Qualified <b>03/14/1984</b>	<b>3a</b> Date of Last Report <b>03/18/1996</b>
<b>4</b> FEI Number <b>59-2497035</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**TEEVAN, RONALD P.**  
**200 GARDEN AVE. NORTH**  
**CLEARWATER FL 34615**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to act as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, RICHARD</b>	
STREET ADDRESS	<b>2266 GULF TO BAY #308</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPATHAS, JOHN</b>	
STREET ADDRESS	<b>2266 GULF TO BAY #565</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAMPION, RUTH</b>	
STREET ADDRESS	<b>2266 GULF TO BAY LOT 907</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMOCK, FRANCES</b>	
STREET ADDRESS	<b>2266 GULF TO BAY #555</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CASTO, ROBERT</b>	
STREET ADDRESS	<b>2266 GULF TO BAY #108</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IANOALE, DANIEL</b>	
STREET ADDRESS	<b>2266 GULF TO BAY #318</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE <b>1.2</b> NAME <b>1.3</b> STREET ADDRESS <b>1.4</b> CITY-ST-ZIP	<b>P</b> <b>ROBERT FOX</b> <b>2266 GULF TO BAY #254</b> <b>CLEARWATER FL. 34625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1</b> TITLE <b>2.2</b> NAME <b>2.3</b> STREET ADDRESS <b>2.4</b> CITY-ST-ZIP	<b>VP</b> <b>DANIEL IANOLE</b> <b>2266 GULF TO BAY #318</b> <b>CLEARWATER FL. #4625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRESS <b>3.4</b> CITY-ST-ZIP	<b>TD</b> <b>RUTH CHAMPION</b> <b>2266 GULF TO BAY #907</b> <b>CLEARWATER FL. 34625</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1</b> TITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDRESS <b>4.4</b> CITY-ST-ZIP	<b>SD</b> <b>FLORENCE GIBSON</b> <b>2266 GULF TO BAY # 342</b> <b>CLEARWATER FL. 34625</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1</b> TITLE <b>5.2</b> NAME <b>5.3</b> STREET ADDRESS <b>5.4</b> CITY-ST-ZIP	<b>D</b> <b>VICTOR AULOTTA</b> <b>2266 GULF TO BAY #217</b> <b>CLEARWATER FL. 34625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1</b> TITLE <b>6.2</b> NAME <b>6.3</b> STREET ADDRESS <b>6.4</b> CITY-ST-ZIP	<b>D</b> <b>JEANIE REED</b> <b>2266 GULF TO BAY #237</b> <b>CLEARWATER FL. 34625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Ruth E Champion* **T/D** **3-6-97** **813-797-9078**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

OFFICERS & DIRECTORS BOULEVARD MOBILE HOME OWNERS CORP.

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
P.	ROBERT FOX # 254	2266 GULF TO BAY CL.
VP.	DANIEL IANOLE #318	" " " " "
S/D	FLORENCE GIBSON #342	" " " " "
T/D	RUTH CHAMPION #907	" " " " "
D.	VICTOR AULOTTA "217	" " " " "
D.	JEANIE REED " 237	" " " " "
D.	FRANCES SMOCK " 355	" " " " "