


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N03000005939<br>1. Entity Name<br>BOULEVARD COMMERCE PARK ASSOCIATION, INC. |  |
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|--|--|
| Principal Place of Business<br>3351 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431 | Mailing Address<br>3351 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431 |
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-NP CR2E037 (4/06)

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent<br><br>SIMBABEAR, LLC<br>3351 NW BOCA RATON BLVD.<br>BOCA RATON, FL 33431 |
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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: \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee Is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>LIBOW, ALLEN H<br>3351 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDS<br>STRAUS, STEVE<br>3299 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARMAN, KENNETH<br>3335 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/17/07-80029-024 61.25

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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 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.

SIGNATURE: Kenneth P. Carman **Kenneth P. Carman** Date: 4/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #