

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-10-2005 90134 015 ****87.50

DOCUMENT # N03000009187 1. Entity Name BOULEVARD GARDENS PROGRESSIVE HOMEOWNERS ASSOCIATION INC.			
Principal Place of Business 154 NW 29 AVE FORT LAUDERDALE FL 33311		Mailing Address 154 NW 29 AVE FORT LAUDERDALE FL 33311	
2. Principal Place of Business 154 NW 29 AVE Suite, Apt. #, etc.		3. Mailing Address 154 NW 29 AVE Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL Zip Country 33311 FLORIDA		City & State FORT LAUDERDALE FL Zip Country 33311 FLORIDA	
4. FEI Number 35-225-1608		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETHEL, WILLIAM 154 NW 29 AVE FORT LAUDERDALE FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MR. BETHEL, WILLIAM 154 NW 29 AVE. FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MS. COLEMAN, MATLENE 81 NW 29 TERR FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MS. RAVEN ROOL 154 NW 29 AVE FORT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S JACKSON, EDWARD 445 NW 29 AVE FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MS. SHERI WOODS ID 154 NW 29 AVE FORT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BARTLEY, EVELIN 225 NW 30 AVE FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MS. SHERI BETHEL 154 NW 29 AVE FORT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COLEMAN, CHARLETT 81 NW 29 TERR FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MA BETHEL 154 NW 29 AVE FORT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: <u>William Bethel</u> <u>William M. Bethel, MAR 5, 2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			