

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

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 006 ****61.25

DOCUMENT # N03000009187

1. Entity Name

**BOULEVARD GARDENS PROGRESSIVE
HOMEOWNERS ASSOCIATION INC.**



DO NOT WRITE IN THIS SPACE

20031920

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

33311-8542 BROWARD

City & State

FORT LAUDERDALE, FL

Zip

Country

33311-8542 BROWARD

04-7-06

4. FEI Number

35-225-1608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

William Bethel

William Bethel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04-7-06**

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MR. BETHEL William
STREET ADDRESS	154 NW 29 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	VP
NAME	MS. COLEMAN, MATLENE
STREET ADDRESS	81 NW 29 TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	S
NAME	MS. COLEMAN CHARLETT
STREET ADDRESS	FORT LAUDERDALE FL 33311
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
TITLE	T
NAME	MR. BETHEL
STREET ADDRESS	154 NW 29 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Bethel

William Bethel 954-587-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-17-06** Daytime Phone #