

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009652

FILED  
Dec 11, 2009  
Secretary of State

**Entity Name:** BOULEVARD WEST CONDOMINIUM ASSOCIATION OF ROTONDA, INC.

**Current Principal Place of Business:**

190-C ROTONDA BLVD. WEST  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1832  
ENGLEWOOD, FL 342951832

**New Mailing Address:**

**FEI Number:** 20-0817361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BEAUGRAND, DIETER  
13416 BUCKET CIRCLE  
PORT CHARLOTTE, FL 33981      US

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.

SIGNATURE: DIETER BEAUGRAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BEAUGRAND, DIETER  
Address: 13416 BUCKETT CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VD      ( ) Delete  
Name: AGGRIPPINO, MICHAEL P  
Address: 510 ROUTE 66  
City-St-Zip: HUDSON, NY 12534

Title: TD      ( ) Delete  
Name: KUDLICK, MICHAEL  
Address: 200 OAK STREET, UNIT 510  
City-St-Zip: MOUNT POCONO, PA 18344

Title: SD      ( ) Delete  
Name: AGGRIPPINO, BRENDA  
Address: 510 ROUTE 66  
City-St-Zip: HUDSON, NY 12534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KUDLICK

TREA

12/11/2009

Electronic Signature of Signing Officer or Director

Date