

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-13-2006 90292 015 ****61.25

DOCUMENT # N05000003737 1. Entity Name BOULEVARD PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301		Mailing Address 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>Florida Trust Realty</i> <i>2101 University Drive</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Coral Springs, Fl.</i> Zip <i>33071</i> Country <i>U.S.A.</i>	
4. FEI Number 20-2737277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKS, NICK 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANKS, NICK 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FLEISHER, STEPHEN M 5944 CORAL RIDGE DRIVE #145 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDAY, G. LUIS 2401 EAST ATLANTIC BLVD. #410 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date <i>4/10/06</i> Daytime Phone # <i>954-753-8111</i>	

66017535

