

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90003 048 \*\*\*\*61.25

<b>DOCUMENT # N05000003737</b> 1. Entity Name <b>BOULEVARD PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301</b>		Mailing Address <b>FLORIDA TRUST REALTY 210 NORTH UNIVERSITY DR SUITE 200 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business - No P.O. Box <b>210 N. University Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Coral Springs, FL.</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33071</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-2737277</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BANKS, NICK 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name <b>Florida Trust Realty Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 N. University Dr.</b> Suite <b>Suite 200</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33071</b>	
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 <u><i>Bh. Augusti</i></u> DATE <u>3/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANKS, NICK 110 EAST BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIO ZAMBRANO 10794 PINES BLVD. SUITE 102 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FLEISHER, STEPHEN M 5944 CORAL RIDGE DRIVE #145 CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD ANGEL G. GARCIA 10794 PINES BLVD. SUITE 101 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDAY, G. LUIS 2401 EAST ATLANTIC BLVD. #410 POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBRA BILUDEAU 10794 PINES BLVD. SUITE 104 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Debra Biludeau</i></u>		Date <u>3.19.07</u> Daytime Phone <u>954-609-0933</u>	