2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N05000003737

Entity Name: BOULEVARD PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 N. UNIVERSITY DR.
SUITE 200
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

FLORIDA TRUST REALTY
210 NORTH UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-2737277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA TRUST REALTY, INC.
210 N. UNIVERSITY DR.
SUITE 200
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZAMBRANO, MARLO
Address: 10794 PINES BLVD., 102
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD ( ) Delete
Name: GRANDISON, NIGEL
Address: 10794 PINES BLVD., 101
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete
Name: BILODEAU, DEBRA
Address: 10794 PINES BLVD., 104
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZAMBRANO, MARIO
Address: 10794 PINES BLVD., 102
City-St-Zip: PEMBROKE PINES, FL 33026

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: MARIO ZAMBRANO PD 03/03/2009

Electronic Signature of Signing Officer or Director — Date