2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N05000003775 1. Entity Name BOULEVARD PROFESSIONAL CENTRE II CONDOMINIUM ASSOCIATION, INC.						3-28-2007 9	90011 013 ****6	1.25	
Principal Place of Business 5944 CORAL RIDGE DRIVE #145 CORAL SPRINGS, FL 33076 Principal Place of Business FLORIDA TRUST REALTY 210 N UNIVERSITY DR, STE 2 CORAL SPRINGS, FL 33071						. Esti desi essa essa	NIK ERIY ERI'RE HINI IBEN JERRI		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			03072007 _C	hg-NP	CR2E037 (12/06)	
City & Stat	C	City & State			4. FEI Number 20-274701	19		Applied For Not Applicable	
Zip BBO	71 Coentry A.	Zip	Country		5. Certificate of St	tatus Desired	□ \$8.75 A Fee Requ		
	6. Name and Address of Current F	Registered Agent			7. Name and Add	iress of New I	Registered Agent	•	
FLEISHER, STEPHEN M			Florida Trust Realty Inc.						
5944 CORAL RIDGE DRIVE #145 CORAL SPRINGS, FL 33076			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
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8. The above named entity submits this statement for the purpose of changing its registered office or register					3 buil				
the obligat	tions of egistered agent.			109,010	od agorn, or oom, ar		3/2107	ii, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signati	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing	ure required	\$5.00 May Be Added to Fees	1	<u> </u>		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	DATE	State	
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

757-437-2416

Daytime Phone #