

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90096 014 \*\*\*\*61.25

<b>DOCUMENT # N06000001147</b> 1. Entity Name <b>BOULEVARD VILLAS COURTSIDE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4219 CROSS CT. VERO BCH, FL 32967</b>		Mailing Address <b>4219 CROSS CT. VERO BCH, FL 32967</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>100 Vista Royale Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Vero Beach, FL</b>	
Zip		Zip <b>32962</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>204370193</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>EDGAR, CHARLES W III 8409 N. MILITARY TRAIL, SUITE 123 PALM BCH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name <b>Vista Properties Mgmt, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Vista Royale Blvd</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32962</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 obligation of registered agent.			
SIGNATURE <small>Signature of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) <b>Jenny Alexander, 1cAm</b>	
Filing Fee is: <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	PD RODMAN, SUSAN 4319 CROSS CT. VERO BCH, FL 32967	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RODMAN, WALTER H 4319 CROSS CT. VERO BCH, FL 32967	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABHER, KURT 4319 CROSS CT. VERO BCH, FL 32967	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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:		Date <b>4/20/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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