FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20314 (3)

1. Corporation Name
THE BOULEVARD FOREST LAKE MANAGEMENT ASSOCIATION , INC.

Principal Place of Business	Mailing Address
5500 NW 69TH AVENUE LAUDERHILL FL 33319	5500 NW 69TH AVENUE LAUDERHILL FL 33319

3. Date Incorporated or Qualified: 04/23/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITWER, BRUCE B.
5500 NW 69TH AVENUE
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RECHTSCHAFFER, CANDY		1.2 NAME		
STREET ADDRESS	5500 NW 69TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, MICHAEL		2.2 NAME		
STREET ADDRESS	5500 NW 69TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LITWER, BRUCE B		3.2 NAME		
STREET ADDRESS	5500 NW 69TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LABODA, THOMAS		4.2 NAME		
STREET ADDRESS	3323 W COMMERCIAL BLVD., STE. 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NIELSON, JOHN		5.2 NAME		
STREET ADDRESS	951 BROKEN SOUND PARKWAY, SUITE 250		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAUSER, PAUL		6.2 NAME		
STREET ADDRESS	4977 NW 67 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ BRUCE B. LITWER Pres + Dir. 4/23/96 954-572-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #