FILE NOW: FILING FEE IS $61.25

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

2. Principal Place of Business 21	2a. Mailing Address 26: 951 Broken Sound Pkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: Ste 250
City & State 23	City & State 28: Boca Raton, Fl
Zip 24 / Country 25	Zip 29: 33487 / Country 30: Palm Bch

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: C.A.S.
82 Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway #250
83
84 City: Boca Raton FL 85 Zip Code: 33487

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: [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	SD	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	KRAMISH, MARK		4.2 NAME	Ken Mirsky	
STREET ADDRESS	951 BROKEN SOUND PARKWAY, STE. 250		4.3 STREET ADDRESS	951 Broken Sound Pkwy	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton Fl. St. 250	
TITLE	VD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAUSER, PAUL		5.2 NAME	700002607157	
STREET ADDRESS	4977 NW 67 AVE		5.3 STREET ADDRESS	-08/04/98--01072--014	
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	PE 7.30	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 7/23/98 561-994-1788