2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20314

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90126 020 ****61.25

1. Entity Name

THE BOULEVARD FOREST LAKE MANAGEMENT ASSOCIATION

Principal Place of Business	Mailing Address
5500 NW 69TH AVENUE LAUDERHILL FL 33319	951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON FL 33487-3506

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C.A.S. 951 BROKEN SOUND PARKWAY, #250 BOCA RATON FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RECHTSCHAFFER, CANDY 5500 NW 69TH AVENUE LAUDERHILL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RECHTSCHAFFER, CANDY 5500 NW 69TH AVE LAUDERHILL, FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KESSLER, MICHAEL 5500 NW 69TH AVENUE LAUDERHILL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LITWER, BRUCE B 5500 NW 69TH AVENUE LAUDERHILL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRSKY, KEN 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.I.D Ken Mirsky 6501 NW 54TH Ct. Lauderhill, FL 33319 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS BALLARD 5100 NW 67 AVE LAUDERHILL, FL. 33319 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED 3/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #