ANNUAL REPORT

DOCUMENT # N20314

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



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business 5500 NW 69TH AVENUE LAUDERHILL, FL 33319 2. Principal Place of Business			Mailing Address 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487 3. Mailing Address					Harry Control					
Costs Ass	# -1-		C. To And House						11417 8471		IBI BIBI) BIBII	4151) 4144 41611 41	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				(03242004	Chg	NP	CR2E	037 (10/03)	
Crty & State			City & State				4	CE 000C020					pplied For lot Applicable
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired						
e	6. Name	and Address of Current	Registere	d Agent			7	. Name and	Addres	s of New	Registere	d Agent	
C.A.S. / 951 BNOKEN SOUND PARKWAY, #250 BOCA RATON, FL 33487						Name Street Addi	fress (P.C). Box Numbe	er is No	t Acceptab	ole)		
						City					F	Zip Co	de
	ions of regist	y submits this statement for ered agent. or printed name of registered agen				d Agent signature r					DATI		
Filing Fee is \$61.25 Due by May 1, 2004				Election Can Trust Fund C			\$5.00 May Be Added to Fees Horida Depart						
10. OFFICERS AND DIRE						ADI	DITIONS/CH	ANGES	TO OFFIC	ER\$ AND	DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	CHAFFER, CANDY 69TH AVENUE HILL, FL		☐ Delete		- 1			; is ‡	inain Artica	001412 1-6000	□ Change 45 11-018 61	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	1	R, MICHAEL 69TH AVENUE HILL, FL		☐ Delete	•	- 1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BRUCE B 69TH AVENUE HILL, FL		☐ Delete		- 1						☐ Change	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	ST MIRSKY, 951 BROI BOCA RA	KEN SOUND PARKWA	□ Delele	NAME							□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DBERT 66TH AVE HILL, FL 33319		□ Delete		1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition

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 bther like empowered.

SIGNATURE.