2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90257 041 ****61.25

DOCUMENT # N20314

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

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1901 S. CONGRESS AVE	1901 S. CONGRESS AVE
Suite, Apt. #, etc. SUITE 480	Suite, Apt. #, etc. SUITE 480
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, F
Zip 33426 Country USA	Zip 33426 Country USA

4. FEI Number 65-0906030 ☐ Applied For ☐ Not Applicable

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

02262008 Chg-NP CR2E037 (12/06)

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 C.A.S. REALTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE, SUITE 480 City BOYNTON BEACH FL Zip Code 33426

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 obligations of registered agent.

SIGNATURE _____ 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	D RECHTSCHAFFER, CANDY 5500 NW 69TH AVENUE LAUDERHILL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RECHTSCHAFFER, CANDY 1901 S. CONGRESS AVE., STE 480 BOYNTON BEACH, FL 33426 ☒ 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	D KESSLER, MICHAEL 1901 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426 ☒ 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	PD JAMISON, TIM 1901 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LASCARI, MAGGIE 951 BROKEN SOUND PKWY, STE 250 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LASCARI, MAGGIE 1901 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLARD, THOMAS 1901 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Andy Rechtschaffer 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #