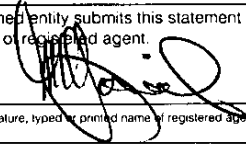
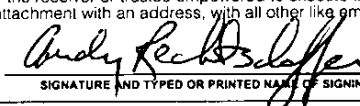


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 5500 NW 69TH AVENUE LAUDERHILL, FL 33319			Mailing Address 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 1901 S. CONGRESS AVE			3. Mailing Address 1901 S. CONGRESS AVE		
Suite, Apt. #, etc. SUITE 480			Suite, Apt. #, etc. SUITE 480		
City & State BOYNTON BEACH, FL			City & State BOYNTON BEACH, FL		
Zip 33426		Country USA		4. FEI Number 65-0906030	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C.A.S. 951 BROKEN SOUND PARKWAY, #250 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent 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  DATE 4-30-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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
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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD THOMAS 1901 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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:  DATE 4/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					