# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003**
**Secretary of State**

DOCUMENT# N20314

**Entity Name:** THE BOULEVARD FOREST LAKE MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

5500 NW 69TH AVENUE
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number: 65-0906030** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C.A.S.
951 BROKEN SOUND PARKWAY, #250
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | RECHTSCHAFFER, CANDY, | |
| Address: | 5500 NW 69TH AVENUE | |
| City-St-Zip: | LAUDERHILL, FL | |
| Title: | D | ( ) Delete |
| Name: | KESSLER, MICHAEL, | |
| Address: | 5500 NW 69TH AVENUE | |
| City-St-Zip: | LAUDERHILL, FL | |
| Title: | PD | ( ) Delete |
| Name: | LITWER, BRUCE B | |
| Address: | 5500 NW 69TH AVENUE | |
| City-St-Zip: | LAUDERHILL, FL | |
| Title: | ST | ( ) Delete |
| Name: | MIRSKY, KEN | |
| Address: | 951 BROKEN SOUND PARKWAY, SUITE 250 | |
| City-St-Zip: | BOCA RATON, FL | |
| Title: | D | ( ) Delete |
| Name: | BALLARD, TOM | |
| Address: | 951 BROKEN SOUND PARKWAY STE 250 | |
| City-St-Zip: | BOCA RATON, FL | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | HAAB, ROBERT | |
| Address: | 4862 NW 66TH AVE | |
| City-St-Zip: | LAUDERHILL, FL 33319 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LITWER PD 05/01/2003

Electronic Signature of Signing Officer or Director — Date