



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90282 005 ****61.25

DOCUMENT # N28639 1. Entity Name THE BOULEVARD I CONDOMINIUM MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 100 PLANTATION BAY DRIVE ORMOND BCH, FL 32174 US			Mailing Address 100 PLANTATION BAY DR ORMOND BCH, FL 32174 US		
2. Principal Place of Business 103 A NORTH LAKE DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL Zip 32174 Country USA		City & State Zip Country		4. FEI Number 59-3358790	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEANE, NANCY 100 PLANTATION BAY DRIVE ORMOND BCH, FL 32174			7. Name and Address of New Registered Agent Name NANCY DEANE Street Address (P.O. Box Number is Not Acceptable) 103 A NORTH LAKE DR. City ORMOND BEACH FL Zip Code 32174		
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 <u><i>Nancy Deane, LCM</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>4/15/05</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	PD	HOSSEINI-KARGAR, MORTEZA	2359 BEVILLE RD ORMOND BCH, FL		
	STD	IRLAND, CHARLENE B	2359 BEVILLE RD ORMOND BCH, FL		
	VD	ROSS, JR D R	2359 BEVILLE RD DAYTONA BEACH, FL		
	D	KRAMER, ROBERT	555 W GRANADA BLVD STE A-9 ORMOND BCH, FL		
	D	PATERNITTI, EDWARD	555 W GRANADA BLVD STE C-10 ORMOND BCH, FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 fees empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u><i>4/13/05</i></u> <small>Date</small>	
Daytime Phone #					