

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90231 049 ****61.25

DOCUMENT # N28639

1. Entity Name
**THE BOULEVARD I CONDOMINIUM MANAGEMENT
ASSOCIATION, INC.**



Principal Place of Business
**103A N LAKE DR
ORMOND BCH, FL 32174 US**

Mailing Address
**103A N LAKE DR
ORMOND BCH, FL 32174 US**

50016826



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3358790

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEANE, NANCY
103A N LAKE DR
ORMOND BCH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOSSEINI-KARGAR, MORTEZA
2359 BEVILLE RD
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
IRLAND, CHARLENE B
2359 BEVILLE RD
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROSS, JR D R
2359 BEVILLE RD
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRAMER, ROBERT
555 W GRANADA BLVD STE A-9
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATERNITTI, EDWARD
555 W GRANADA BLVD STE C-10
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 the 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

386-788-0520
Daytime Phone #