


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90004 008 \*\*\*\*61.25

<b>DOCUMENT # N28639</b>					
<b>1. Entity Name</b> THE BOULEVARD I CONDOMINIUM MANAGEMENT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 103A N LAKE DR ORMOND BCH, FL 32174 US			<b>Mailing Address</b> 103A N LAKE DR ORMOND BCH, FL 32174 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3358790	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEANE, NANCY 103A N LAKE DR ORMOND BCH, FL 32174			<b>7. Name and Address of New Registered Agent</b> Name <u>Nancy Deane Chatley</u> Street Address (P.O. Box Number is Not Acceptable) <u>same</u> City <u>FL</u> Zip Code		
<b>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.</b>  SIGNATURE <u>Nancy Deane Chatley</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSSEINI-KARGAR, MORTEZA		NAME		
STREET ADDRESS	2359 BEVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRLAND, CHARLENE B		NAME		
STREET ADDRESS	2359 BEVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, JR D R		NAME		
STREET ADDRESS	2359 BEVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAMER, ROBERT		NAME		
STREET ADDRESS	555 W GRANADA BLVD STE A-9		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATERNITTI, EDWARD		NAME		
STREET ADDRESS	555 W GRANADA BLVD STE C-10		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>4/12/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					