

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90023 028 ****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**

2. Principal Place of Business - No P.O. Box #
2379 Beville Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 291910
Suite, Apt. #, etc.



04082008 Chg-NP CR2E037 (12/06)

City & State
S. Daytona, FL

City & State
Port Orange, FL

4. FEI Number
59-3358790

Applied For
Not Applicable

Zip
32119

Country
USA

Zip
32129-1910

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Nancy Deane Chatley
Street Address (P.O. Box Number is Not Acceptable)
2379 Beville Road
City
S. Daytona, FL Zip Code
32119

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

Nancy Deane Chatley, Community Mgr
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

4/11/08
DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE RD ORMOND BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IRLAND, CHARLENE B 2359 BEVILLE RD ORMOND BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, JR D R 2359 BEVILLE RD DAYTONA BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, ROBERT 555 W GRANADA BLVD STE A-9 ORMOND BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATERNITTI, EDWARD 555 W GRANADA BLVD STE C-10 ORMOND BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS ROSS

Date

4/9/08

Daytime Phone #