

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.

City & State
S. Daytona, FL

City & State
Port Orange, FL

Zip
32119 Country
USA

Zip
32129-1910 Country
USA



04082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
DEANE CHATLEY, NANCY
103A N LAKE DR
ORMOND BCH, FL 32174

4. FEI Number
59-3358790

Applied For
 Not Applicable

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

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* 4/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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
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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: *Douglas Ross* 4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #