2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28639

FILED Apr 14, 2009 Secretary of State

Entity Name: THE BOULEVARD I CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

2379 BEVILLE RD
S. DAYTONA, FL 32119 US

Current Mailing Address: New Mailing Address:

PO BOX 291910 PORT ORANGE, FL 32129 US

FEI Number: 59-3358790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEANE CHATLEY, NANCY 2379 BEVILLE RD S. DAYTONA, FL 32119 US

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.

SIGNATURE:

Floring is Cingature of Designature of Argust

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:HOSSEINI-KARGAR, MORTEZAName:KRAMER,, ROBERTAddress:2359 BEVILLE RDAddress:555 W. GRANADA BOULEVARDCity-St-Zip:ORMOND BCH, FLCity-St-Zip:ORMOND BCH, FL 32174

Title: STD () Delete Title: (X) Change () Addition IRLAND, CHARLENE B Name: PATERNITTI, EDWARD Name: Address: 2359 BEVILLE RD Address: 555 W. GRANADA BOULEVARD City-St-Zip: ORMOND BCH, FL City-St-Zip: ORMOND BCH, FL 32174

Title: VD () Delete Title: VD (X) Change () Addition Name: ROSS, JR D R Name: SUDDARD,, TIMOTHY

Address: 2359 BEVILLE RD Address: 555 W. GRANADA BOULEVARD City-St-Zip: DAYTONA BEACH, FL 32174

Title: D (X) Delete Title: () Change () Addition

 Name:
 KRAMER, ROBERT
 Name:

 Address:
 555 W GRANADA BLVD STE A-9
 Address:

 City-St-Zip:
 ORMOND BCH, FL
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PATERNITTI, EDWARD
 Name:

 Address:
 555 W GRANADA BLVD STE C-10
 Address:

 City-St-Zip:
 ORMOND BCH, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KRAMER D/P 04/14/2009