2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000001764

1. Entity Name
THE BOULEVARD 1275 CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1275 W. GRANADA BLVD. ORMOND BEACH, FL 32174	444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3257933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLES WAYNE PROPERTIES
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

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, 2008

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

UD000008948993
04/24/08-80046-010 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	GUESS, JACK
STREET ADDRESS	1275 W GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD
NAME	COOPER, STEVEN
STREET ADDRESS	1275 W. GRANADA BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	WEILAND, DEBORAH
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: C S Cooper 4/7/08 386-238-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #