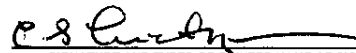


FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000001764			
1. Entity Name THE BOULEVARD 1275 CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1275 W. GRANADA BLVD. ORMOND BEACH, FL 32174		Mailing Address 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 _____ (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	
		1000000894893 04/24/08-800-46-010 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD GUESS, JACK 1275 W GRANADA BLVD ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD COOPER, STEVEN 1275 W. GRANADA BLVD. ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WEILAND, DEBORAH 444 SEABREEZE BLVD STE 1000 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			
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: 		4/7/08 386-738-3600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	