

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90288 001 ****28.17
04-22-2004 90288 002 ****18.38
04-22-2004 90288 003 ****14.70

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DOCUMENT # N95000000768 1. Entity Name BOULEVARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952			Mailing Address 1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0757487	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRELL, RICKEY L 1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE		
NAME	FARRELL, RICKEY L <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1595 SE PT ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	DST <input type="checkbox"/> Delete		TITLE		
NAME	ESPIE, DOUGLAS		NAME		
STREET ADDRESS	1599 SE PORT ST. LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	GONSALVES, TIFFANY		NAME		
STREET ADDRESS	1595 SE PORT ST. LUCIE BLVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-16-04 772-335-5455 <small>Date Daytime Phone #</small>		