2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED May 22, 2008 8:00 am Secretary of State

05-22-2008 90504 001 ****33.08 05-22-2008 90504 002 ****28.17

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DO NOT WRITE IN THIS SPACE

04302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0757487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L 1595 SE PORT ST LUCIE BLVD PT ST LUCIE, FL 34952

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 Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARRELL, RICKEY L 1595 SE PT ST LUCIE BLVD PT ST LUCIE, FL 34952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ESPIE, JANICE 1599 SE PORT ST. LUCIE BLVD PORT SAINT LUCIE, FL 34952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, MARTIN 1597 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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.

TT2-335:5455

SIGNATURE

4-29-08

Daytime Phone #