


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5) **FILED**
Jul 10, 2008 8:00 am
Secretary of State

05-30-2008 90215 020 ****61.25

DOCUMENT # N97000007190			
1. Entity Name BOULEVARD HEIGHTS HOMEOWNERS ASSOCIATION, INC.		Mailing Address P.O. BOX 816013 HOLLYWOOD, FL 33081	
Principal Place of Business 1327 N 89 AVENUE 1109 N. Galloway HOLLYWOOD, FL 33024		Mailing Address P.O. BOX 816013 HOLLYWOOD, FL 33081	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MURRAY, ANN 611 N 70TH AVE HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name: Lea Ann Weatherford, President Street Address (P.O. Box Number is Not Acceptable): 6448 Buchanan St City: Hollywood FL Zip Code: 33024	
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: <i>Lea Ann Weatherford</i> DATE: 4/10/08			
Filing Fee is \$61.25 Due by May 1, 2008		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: PD NAME: MURRAY, ANN STREET ADDRESS: 611 N 70TH AVE CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: PD President NAME: Lea Ann Weatherford STREET ADDRESS: 6448 Buchanan St CITY-ST-ZIP: Hollywood, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: GUPTAR, RANI STREET ADDRESS: 1131 N 74 TERRACE CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: BATES, JUDITH STREET ADDRESS: 1030 N 71 TERRACE CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WEATHERFORD, LEA ANN STREET ADDRESS: 6448 BUCHANAN STREET CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Jim Curci STREET ADDRESS: 7201 McKinley St CITY-ST-ZIP: Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EMANUEL, ROBERT STREET ADDRESS: 1621 N 73 TERR CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KELLY, CHARLES STREET ADDRESS: 7261 BRANCH STREET CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Ellen Kelly STREET ADDRESS: 7261 Branch St CITY-ST-ZIP: Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Lea Ann Weatherford</i>		Date: 4/11/08 954-847-4920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66015151



04112008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0817474 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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SIGNATURE: *Lea Ann Weatherford* Date: 4/11/08 954-847-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #