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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00298 (2)

1. Corporation Name
BOARDWALK TOWNHOME ASSOCIATION, INC.



Principal Place of Business Mailing Address *Goldwell Banker*

~~TAGG MANAGEMENT & REALTY, INC.~~ ~~TAGG MANAGEMENT & REALTY, INC.~~
 3111 45TH ST SUITE 4 3111 45TH ST SUITE 4 *4752 Forest Hill Blvd.*
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-1981

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	3a.	Date of Last Report
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number		Applied For
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

3.	Date Incorporated or Qualified	12/12/1983	3a.	Date of Last Report	04/19/1996
4.	FEI Number	59-2368118		Applied For	<input type="checkbox"/> Not Applicable

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAGG MANAGEMENT & REALTY, INC. <i>Goldwell Banker.</i> 3111 45TH STREET <i>4752 Forest Hill Blvd.</i> SUITE 4 <i>West Palm Beach</i> WEST PALM BEACH FL 33407 <i>FL 33406</i>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	SADDLER, HENRY		
STREET ADDRESS	5340 E ELMHURST ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
TITLE	VPD		
NAME	WOODS, EDWARD		
STREET ADDRESS	5300B ELMHURST ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
TITLE	SD		
NAME	ELDREDGE, DONNA		
STREET ADDRESS	17076 ORANGE GROVE BLVD., #4		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		
TITLE	TD		
NAME	CHISHOLM, CONRAD		
STREET ADDRESS	5320B ELMHURST ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
TITLE	ASTD		
NAME	BRION, JACQUES		
STREET ADDRESS	1860 N. CONGRESS AVENUE		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE		
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE		
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE		
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE		
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE		
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Henry E. Saddler

CR2E037 (9/96)