


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	
C/O COLDWELL BANKER 43522 FOREST HILL BLVD WEST PALM BEACH FL 33406 US		C/O COLDWELL BANKER 4352 FOREST HILL BLVD. WEST PALM BEACH FL 33406 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3. Date Incorporated or Qualified  
**12/12/1983**

4. FEI Number  
**59-2368118**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**COLDWELL BANKER  
4352 FOREST HILL BLVD.  
SUITE 4  
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>SADDLER, HENRY</b>	1.1 TITLE	<b>President</b>
NAME	<b>5340 E ELMHURST ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>WEST PALM BEACH FL 33417</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <b>WOODS, EDWARD</b>	2.1 TITLE	
NAME	<b>5300B ELMHURST ROAD</b>	2.2 NAME	
STREET ADDRESS	<b>WEST PALM BEACH FL 33417</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>ELDREDGE, DONNA</b>	3.1 TITLE	
NAME	<b>17076 ORANGE GROVE BLVD., #4</b>	3.2 NAME	
STREET ADDRESS	<b>LOXAHATCHEE FL 33470</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD <b>CHISHOLM, CONRAD</b>	4.1 TITLE	<b>Treasurer</b>
NAME	<b>5320B ELMHURST ROAD</b>	4.2 NAME	<b>Renee Gravin</b>
STREET ADDRESS	<b>WEST PALM BEACH FL 33417</b>	4.3 STREET ADDRESS	<b>5350c Elmhurst Rd</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33417</b>
TITLE	ASTD <b>BRION, JACQUES</b>	5.1 TITLE	
NAME	<b>1880 N. CONGRESS AVENUE</b>	5.2 NAME	
STREET ADDRESS	<b>WEST PALM BEACH FL 33401</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *X Henry A Saddler* 2.24.98 (561)642-1900

CR2E037 (10/97)