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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90016 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00298**

1. Corporation Name  
**BOARDWALK TOWNHOME ASSOCIATION, INC.**

Principal Place of Business <del>C/O GOLDWELL BANKER</del> <del>4352 FOREST HILL BLVD.</del> <del>WEST PALM BEACH FL 33406</del> <del>US</del>	Mailing Address <del>C/O GOLDWELL BANKER</del> <del>4352 FOREST HILL BLVD.</del> <del>WEST PALM BEACH FL 33406</del> <del>US</del>
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2. Principal Place of Business 21 <b>Jean Foster Mgmt</b> Suite, Apt. #, etc. 22 <b>4930 Lunal Drive</b> City & State 23 <b>W.P.B., FL</b> Zip Country 24 <b>33415</b> 25 <b>US</b>	2a. Mailing Address 26 <b>Jean Foster Mgmt</b> Suite, Apt. #, etc. 27 <b>4930 Lunal Drive</b> City & State 28 <b>W.P.B., FL</b> Zip Country 29 <b>33415</b> 30 <b>US</b>	3. Date Incorporated or Qualified <b>12/12/1983</b> 4. FEI Number <b>59-2368118</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <del>GOLDWELL BANKER</del> <del>4352 FOREST HILL BLVD.</del> <del>SUITE 4</del> <del>WEST PALM BEACH FL 33406</del>	10. Name and Address of New Registered Agent 81 Name <b>St. John Dicker &amp; Kaplan, PA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Australian Ave.</b> 83 <b>Suite 600</b> 84 City <b>West Palm Bch FL</b> 85 Zip Code <b>33401</b>
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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 St. John Dicker & Kaplan DATE **3/8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SADDLER, HENRY</b>		1.2 NAME <b>Guidi, John</b>	
STREET ADDRESS <b>5340 E ELMHURST ROAD</b>		1.3 STREET ADDRESS <b>5330D Elmhurst Rd.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>		1.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOODS, EDWARD</b>		2.2 NAME <b>Brenner, Mason</b>	
STREET ADDRESS <b>5300B ELMHURST ROAD</b>		2.3 STREET ADDRESS <b>5320-B Elmhurst Rd.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>		2.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELDREDGE, DONNA</b>		3.2 NAME	
STREET ADDRESS <b>17076 ORANGE GROVE BLVD., #4</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRVIN, RENEE</b>		4.2 NAME <b>Irvin, Renee</b>	
STREET ADDRESS <b>5350 C ELMHURST RD</b>		4.3 STREET ADDRESS <b>5350C Elmhurst Rd.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>		4.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	
TITLE <del>VPD</del> <b>President</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRION, JACQUES</b>		5.2 NAME	
STREET ADDRESS <b>1860 N. CONGRESS AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED John Guidi V.Pres. 3399**

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

CR2E037 (11/98)