


FILE NOW: FILING FEE IS \$61.25

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

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

0042277

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

**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>
--	--



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 <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		

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>
---	--

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 <input checked="" type="checkbox"/> DELETE NAME <b>SADDLER, HENRY</b> STREET ADDRESS <b>5340 E ELMHURST ROAD</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VP</b> 1.2 NAME <b>Guidi, John</b> 1.3 STREET ADDRESS <b>5330D Elmhurst Rd.</b> 1.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>WOODS, EDWARD</b> STREET ADDRESS <b>5300B ELMHURST ROAD</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b> 2.2 NAME <b>Brenner, Mason</b> 2.3 STREET ADDRESS <b>5320-B Elmhurst Rd.</b> 2.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>ELDREDGE, DONNA</b> STREET ADDRESS <b>17076 ORANGE GROVE BLVD., #4</b> CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>GRVIN, RENEE</b> STREET ADDRESS <b>5350 C ELMHURST RD</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b> 4.2 NAME <b>Irvin, Renee</b> 4.3 STREET ADDRESS <b>5350C Elmhurst Rd.</b> 4.4 CITY-ST-ZIP <b>W.P.B., FL 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>BRION, JACQUES</b> STREET ADDRESS <b>1860 N. CONGRESS AVENUE</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)