

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90014 005 \*\*\*\*61.25

**DOCUMENT # N00298**

1. Entity Name

**BOARDWALK TOWNHOME ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

JEAN FORTER MAGMT  
~~4930 LUDWELL~~  
 WEST PALM BEACH FL 33145  
 US

JEAN FORTER MAGMT  
~~4930 LUDWELL~~  
 WEST PALM BEACH FL 33145  
 US

710440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1401-F2 S Military Trail**  
 Suite, Apt. #, etc.

3. Mailing Address

**1401-F2 S. Military Trail**  
 Suite, Apt. #, etc.

4. FEI Number

**59-2368118**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHNS DICKER & CAPLAN, PA**  
**500 S. AUSTRALIAN AVE.**  
**STE 600**  
**WEST PALM BEACH FL 33401**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VP**  
**GUIDI, JOHN**  Delete  
**5330-D ELMHURST RD.**  
**WEST PALM BEACH FL 33417**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  Delete  
**BRENNER, MASON**  
**5320-B ELMHURST RD.**  
**WEST PALM BEACH FL 33417**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD**  Delete  
**ELDREDGE, DONNA**  
**17076 ORANGE GROVE BLVD., #4**  
**LOXAHATCHEE FL 33470**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S/T/D**  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**T**  Delete  
**IRVIN, RENEE**  
**5350-C ELMHURST RD.**  
**WEST PALM BEACH FL 33417**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SK**  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**ASTD**  Delete  
**BRION, JACQUES**  
**1860 N. CONGRESS AVENUE**  
**WEST PALM BEACH FL 33401**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P/D**  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. 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 report or supplement 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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Guidi**  
 President

**1/31/00**

Date

Daytime Phone #