

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

110440



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.

City & State

City & State

4. FEI Number

59-2368118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: VP GUIDI, JOHN; D BRENNER, MASON; SD ELDREDGE, DONNA; T IRVIN, RENEE; ASTD BRION, JACQUES.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries: S/T/D, P/D.

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
John Guidi, President

1/31/00

Date

Daytime Phone #