

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02420 (0)

1. Corporation Name

BOARDWALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5000 NW 27 CT.
STEC
GAINESVILLE FL 32606
US

P O BOX 147050
SUITE 30
GAINESVILLE FL 32614-7050
US

3. Date Incorporated or Qualified
04/06/1984

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2640815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BEVERLY K
5000 NW 27 CT STE C
SUITE C
GAINESVILLE FL 32606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **CHERNI, DAVE**
CITY-ST-ZIP **5356 NW 9TH LANE**
GAINESVILLE FL

11 TITLE **V/D** ☐ Change ☒ Addition
12 NAME **Whiddon, Danny**
13 STREET ADDRESS **5356 NW 9 Lane**
14 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **HENDRICKS, DEE**
CITY-ST-ZIP **5324 NW 9TH LANE**
GAINESVILLE FL

21 TITLE **D** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MOYER, ERNEST**
CITY-ST-ZIP **5332 NW 9TH LANE**
GAINESVILLE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **CALIN, WILLIAM**
CITY-ST-ZIP **5352 N.W. 9TH LANE**
GAINESVILLE FL

41 TITLE **T/D** ☐ Change ☒ Addition
42 NAME **Ziller, Karen**
43 STREET ADDRESS **5318 NW 9 Lane**
44 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **S/D** ☐ Change ☒ Addition
52 NAME **Overstreet, Herbert**
53 STREET ADDRESS **5311 NW 9 Lane**
54 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96

(352) 372-6300

CR2E037 (12/95)