

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

26

4. FEI Number **59-2640815** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country

25 Country

29 Zip Country

30 Country

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHERNI, DAVE	
STREET ADDRESS	5356 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HENDRICKS, DEE	
STREET ADDRESS	5324 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOYER, ERNEST	
STREET ADDRESS	5332 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALIN, WILLIAM	
STREET ADDRESS	5352 N.W. 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Whiddon, Danny	
13 STREET ADDRESS	5356 NW 9 Lane	
14 CITY-ST-ZIP	Gainesville, FL 32605	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ziller, Karen	
43 STREET ADDRESS	5318 NW 9 Lane	
44 CITY-ST-ZIP	Gainesville, FL 32605	
51 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Overstreet, Herbert	
53 STREET ADDRESS	5311 NW 9 Lane	
54 CITY-ST-ZIP	Gainesville, FL 32605	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-29-96
Date

(352) 372-6300
Daytime Phone #

CR2E037 (12/95)