

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

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02420 (0)**

1. Corporation Name  
**BOARDWALK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
2830 NW 41 ST F GAINESVILLE FL 32606 US		P O BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified  
**04/06/1984**

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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SMITH, BEVERLY K**  
**2830 NW 41 ST**  
**SUITE F**  
**GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHIDDON, DANNY	1.1 TITLE	PD
NAME	5356 NW 9TH LANE	1.2 NAME	
STREET ADDRESS	GAINESVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	32605
TITLE	D HENDRICKS, DEE	2.1 TITLE	D
NAME	5324 NW 9TH LANE	2.2 NAME	Klein, Michael
STREET ADDRESS	GAINESVILLE FL	2.3 STREET ADDRESS	5328 NW 9th Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	VD MOYER, ERNEST	3.1 TITLE	TD
NAME	5332 NW 9TH LANE	3.2 NAME	
STREET ADDRESS	GAINESVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	32605
TITLE	TD ZILLER, KAREN	4.1 TITLE	SD
NAME	5318 NW 9TH LANE	4.2 NAME	
STREET ADDRESS	GAINESVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	32605
TITLE	SD OVERSTREET, HERBERT	5.1 TITLE	VD
NAME	5311 NW 9TH LANE	5.2 NAME	
STREET ADDRESS	GAINESVILLE FL	5.3 STREET ADDRESS	9th
CITY-ST-ZIP		5.4 CITY-ST-ZIP	32605
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *[Signature]* 3-26-98 352-374-8090

CR2E037 (10/97)