


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90168 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02420					
1. Corporation Name BOARDWALK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2830 NW 41 ST F GAINESVILLE FL 32606 US			Mailing Address P O BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/06/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2640815	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SMITH, BEVERLY K 2830 NW 41 ST SUITE F 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WHIDDON, DANNY			1.2 NAME		
STREET ADDRESS 5356 NW 9TH LANE			1.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32605			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KLEIN, MICHAEL			2.2 NAME		
STREET ADDRESS 5328 NW 9TH LANE			2.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32605			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MOYER, ERNEST			3.2 NAME		
STREET ADDRESS 5332 NW 9TH LANE			3.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32605			3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ZILLER, KAREN			4.2 NAME		
STREET ADDRESS 5318 NW 9TH LANE			4.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32605			4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME OVERSTREET, HERBERT			5.2 NAME		
STREET ADDRESS 5311 NW 9TH LANE			5.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32605			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Signature of Daniel Whiddon Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)