

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02420

1. Entity Name

BOARDWALK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90062 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2830 NW 41 ST., SUITE F  
 GAINESVILLE FL 32606  
 US

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

2. Principal Place of Business

3. Mailing Address

2830 NW 41 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

City & State  
 GAINESVILLE FL

4. FEI Number

59-2640815

Applied For

Not Applicable

Zip

Country

Zip

Country

32606

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

PAT Tripp

Street Address (P.O. Box Number is Not Acceptable)

2830 NW 41 ST.

Suite F

City

GAINESVILLE

FL

Zip Code

32606

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

*Pat Tripp*

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

(NOTE: Registered Agent signature required when reinstating)

2-7-00

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

TITLE PD  Delete  
 NAME WHIDDON, DANNY  
 STREET ADDRESS 5356 NW 9TH LANE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME KLEIN, MICHAEL  
 STREET ADDRESS 5328 NW 9TH LANE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME MOYER, ERNEST  
 STREET ADDRESS 5332 NW 9TH LANE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DT  Change  Addition  
 NAME Scher, Richard  
 STREET ADDRESS 5424 NW 9th Lane  
 CITY-ST-ZIP Gainesville FL 32605

TITLE SD  Delete  
 NAME JONES, NORALYN  
 STREET ADDRESS 5314 NW 98 LANE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME LOEBIG, MARK  
 STREET ADDRESS 5331 NW 9TH LANE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 supplemental 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:

*Pat Tripp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

352-375-3737

Date

Daytime Phone #