

# 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

Zip

Country

Zip

Country

32606

USA

4. FEI Number

59-2640815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 D T ☐ 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:

*Mark Loebig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

352-375-3737

Date

Daytime Phone #