


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90178 023 ****61.25


DOCUMENT # N02420
1. Entity Name
BOARDWALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**4400 NW 36TH AVE
GAINESVILLE FL 32606
US** **4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

13000020



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2640815 Not Applicable

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

6. Name and Address of Current Registered Agent
**TRIPPE, PAT
4400 NW 36TH AVE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD WHIDDON, DANNY	<input type="checkbox"/> Delete
STREET ADDRESS	5356 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D WARNER, SHELLY	<input type="checkbox"/> Delete
STREET ADDRESS	5319 NW 9TH LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D SCHER, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5424 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D NORALYN, JONES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5314 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D ZILLER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	5318 NW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP: Warner, Shelly	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5319 NW 9 Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE NAME	T Lockig, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5331 NW 9Ln	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME	S Kistenberg, Rob	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5332 NW 9Ln	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **4-27-04** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR