## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(9)

BROADWATER HOMEOWNERS ASSOCIATION, INC.

3,70										
Principal Place of Business		Mailing Address					- I MANINEM ONE NEIN MUNICULAR NEUE NEUE NEUE NEUE NEUE NEUE NEUE NEU	ALDIE OINIL BIEIL A		// <b> Q  </b>
7 BROADRIVER RD ORMOND BCH, FL 32174 US		P. O. BOX 15228 Daytona BCH. FL 32115 US					Date Incorporated or Qualified     01/11/1990     FEI Number		Applied	For
5 D. In ale at 6							59-3079722		Not App	licable
2. Principal P	tace of Business	2a. Mailing Address 26					5. Certificate of Status Desired		75 Additk e Require	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing		00 May B	
City & State	е	City & State					7. Is this nonprofit corporation a home		ed to Fees	<u>,                                      </u>
23	•	28					7. is this honprofit corporation a norm		ation?	
Zip	Country	Zip	_ Co	untry	,		8. This corporation owes or has paid	the current yes	r Intangib	le
24	25	29	30	.,			Personal Property Tax due June 30		_ □ No	
	9. Name and Address of Curren	it Registered Agent		81		la-ma	10. Name and Address of New Regis	tered Agent		
I IBAI II II	DOLL DALK AL			["	IN	lame				
UPCHURCH, PAUL N. 7 BROADRIVER ROAD				82	S	treet Addr	ress (P.O. Box Number is Not Acceptable)			
	DRIVER ROAD D BEACH FL 32174			83	<del> </del>				_	
OINTOIL	D DENOTITE SETT				<u>_</u>					
				84	C	ity		FL 85	Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida State of Florida. Such change was ations of, Section 617.0503, F	utes, the a authoriza florida Sta	above ed by atutes	e-ne / the s.	amed corp e corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	pose of changi he appointmen	ng its regi It as regist	stered ered
SIGNATURE						·····		· · · · · · · · · · · · · · · · · · ·		
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE: Register		int sig	gnature requir	red when reineteting) ADDITIONS/CHANGES TO OFFICER	DATE	TORS IN	12
TITLE	DV	DELETE		TITLE		$\Box$	ADDITIONS/OFFANGES TO OFFICE	Cha		Addition
NAME	PIJOT, DAVID	1.21		NAME					• –	
STREET ADDRESS	49 BROAD RIVER ROAD			1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	ORMOND BEACH FL		1.40	CITY-SI	T-ZH	P				
TITLE	PD	☐ DELETE		TITLE				Cha	ige .	Addition
NAME	TEETERS, BRUCE		2.21	2.2 NAME						
STREET ADDRESS	10 BROADRIVER RD		2.3 9	STREET	ADD	PRESS	'			
CITY-ST-ZIP	ORMOND BCH. FL			2. 4 CITY-ST-ZIP		IP				
TITLE	STO	☐ DELETE	3.11	TITLE		:		L.] Cha	nge ∐	Addition
NAME	UPCHURCH, PAUL N.		3.2 6	MAME						
STREET ADDRESS	7 BROADRIVER ROAD			STREET .		ľ				
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STREET ADORESS				STREET						
CITY-ST-ZIP TITLE		☐ DELETE		OTY-ST	1-211	<u> </u>		Cha	nga I	Addition
NAME				IAME				0.00	· · ·	-2410011
STREET ADDRESS				STREET	<b>A</b> DD∕	AFSS				
CITY-ST-ZIP				ITY-SI						
TITLE		DELETE	6.1 T		. 41	<del>-   -</del>		Cha	nge 🔲 A	Addition
NAME		<u> </u>		IAME						•
STREET ADDRESS				TREET	ADDI	RESS				
CITY-ST-ZIP				ITY-ST						

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 adoption to the corporation of the receiver of frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changes, and on an attachment with an address.

SIGNATURE:

2-16-98

904-672-4750

**FILED** 

Feb 23 1998 8:00am

Secretary of State