



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90014 004 ****61.25

DOCUMENT # N36133									
1. Entity Name BROADWATER HOMEOWNERS ASSOCIATION, INC.									
Principal Place of Business 7 BROADRIVER RD ORMOND BCH., FL 32174 US		Mailing Address PO BOX 731389 ORMOND BEACHN, FL 32173-1389 US		20023847					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		02232005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3079722 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
ALL FLORIDA REALTY SERVICES 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	PIJOT, DAVID		NAME						
STREET ADDRESS	49 BROAD RIVER ROAD		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	TEETERS, BRUCE		NAME						
STREET ADDRESS	10 BROADRIVER RD		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP						
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	UPCHURCH, PAUL N.		NAME						
STREET ADDRESS	7 BROADRIVER ROAD		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP						
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	LYDECKER, CHRISTINE		NAME						
STREET ADDRESS	18 BROADRIVER RD		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP						
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	FURMAN, MICHAEL		NAME						
STREET ADDRESS	12 BROADWATER DRIVE		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP						
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	SACKS, DAVID		NAME						
STREET ADDRESS	9 BROADWATER DR		STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 32174		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: <i>Marisa A. Luzzi, CAM</i>		Date: <i>3/17/05</i>		Daytime Phone #: <i>386-760-6000</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									