FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

352-375-3737

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

N02420

(0)

BOARDWALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address	Mailing Address		// VID (COI) Opic	ilik ar dib ar dib ar dibar dibar	il 6101 1 1001
5000 NW 27 CT. STEC GAINESVILLE FL 32606		P O BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050		3. Date Incorporated or C	Dualified	3a. Date of Last Re	enort
US		US		04/06/1984	[05/01/199	6
	ace of Business	2a. Mailing Address		4. FEI Number 59-2640815	***************************************	 	plied For
21 2830 NW 41 St.		Suite, Apt. #, etc.				60 75	t Applicable
Suite, Apt. #, etc 22 Suite F		27	27		5. Certificate of Status Desired Fee Required		
City & State Gaines ville, FL.		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has lie			199.032,
24 32606	9. Name and Address of Curren	29 It Registered Agent	[30]	Florida Statutes 10. Name and Address 0		Yes No	
	W. (81 Name				
SMITH, B	EVERLY K	Smith, Beverly K. Address (P.O. Box Number is Not	ss (P.O. Box Number is Not Acceptable)				
5000 NW	27 CT STEC	2830	2830 NW 41 St.				
SUITE C			83 Suite	s F			
GAINESV	1LLE FL 32606		84 City			FL 85 Zip C	Code
11 Pursuant t	to the provisions of Sections 617 050	2 and 617 1508. Florida Stat	utes the above-named	inesville corporation submits this statemen	of for the pur		06 s registered
office or fi	to the provisions of Sections 617.050 egisterod agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized by the corp	poration's board of directors. I here	eby accept	the appointment as	registered
	The tarninar with, and accept the object	ations of, Section 017,0000, a	FIDHUA Statutes.		U	(-18-97	
	Signature, typed or printed in the of registered age	······	OTE: Registered Agent signature			DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES	TO OFFICE		
TITLE	VD WHIDDON DANNY	☐ DELETE	1.1 TiTLE	P/D		Change	Addition
NAME STREET ADDRESS	WHIDDON, DANNY 5356 NW 9TH LANE		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	HENDRICKS, DEE		2.2 NAME				
STREET ADDRESS	5324 NW 9TH LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	3.1 TITLE	V/D		Change	Addition
NAME .	MOYER, ERNEST		3.2 NAME				ļ
STREET ADDRESS	5332 NW 9TH LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	GAINESVILLE FL TD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	 		Change	Addition
NAME.	ZILLER, KAREN	tal Peters	4.2 NAME			had wrongs	
STREET ADDRESS	5318 NW 9TH LANE		4.3 STREET ADDRESS				
CHY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP				
TITLE	SD	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	OVERSTREET, HERBERT		5.2 NAME				
STREET ADDRESS	5311 NW 9YH LANE		5.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	·	·		
TITLE		DELETE	6.1 TITLE	-		Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	by certify that the information supplier	d with this filing does not out	6.4 CITY-ST-ZIP alify for the exemption s	L stated in Section 119.07(3)(i). Flori	da Statutes	. I further certify that	the
informatio	on indicated on this annual report or a officer or director of the corporation or in Block 12 or Block 13 if changed, or	supplemental annual report is rithe receiver or trustee empo	s true and accurate and owered to execute this i	that my signature shall have the	same legal :	effect as if made und	der oath; that