

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002411**

1. Entity Name

BOYD BEACH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**121 LANCASTER PLACE
ST AUGUSTINE FL 32084**

Mailing Address

**121 LANCASTER PLACE
ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3279821

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****JAMES, FRANK L
121 LANCASTER PLACE
ST AUGUSTINE FL 32084****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**TITLE **D** ☐ Delete
NAME **TORODE, WILLIAM E III**
STREET ADDRESS **257 RIVER DR**
CITY-ST-ZIP **EAST PALATKA FL 32131**TITLE **D** ☐ Delete
NAME **JAMES, FRANK L**
STREET ADDRESS **121 LANCASTER PLACE**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**TITLE **D** ☒ Delete
NAME **GLINSKI, THOMAS H**
STREET ADDRESS **105 LANCASTER PLACE #2**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**TITLE **D** ☒ Delete
NAME **RADFORD, WINSTON JR**
STREET ADDRESS **101 LANCASTER PL**
CITY-ST-ZIP **ST. AUGUSTINE FL**TITLE **D** ☐ Delete
NAME **JAMES, ANNA MAE**
STREET ADDRESS **121 LANCASTER PLACE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**TITLE **D** ☐ Delete
NAME **ALGER, CLARK**
STREET ADDRESS **115 LANCASTER PL**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☐ Change ☒ Addition
NAME **Quinn, Paula**
STREET ADDRESS **833 W. Main St.**
CITY-ST-ZIP **Carmel, Indiana 46032**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90083 012 ****61.25

C0009539

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)