
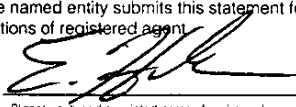
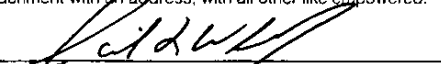


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 005 \*\*\*\*61.25

<b>DOCUMENT # N02420</b> 1. Entity Name <b>BOARDWALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4400 NW 36TH AVE GAINESVILLE, FL 32606 US</b>			Mailing Address <b>4400 NW 36TH AVE GAINESVILLE, FL 32606 US</b>		
2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd Street</b>		3. Mailing Address <b>500 NW 43rd Street</b>			
Suite, Apt. #, etc. <b>Ste - 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>			
Zip <b>32607</b>		Country <b>USA</b>		Zip <b>32607</b>	
Country <b>USA</b>		4. FEI Number <b>59-2640815</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name <b>Gannestone Property Solutions of FL, Central/FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd Street</b> <b>Suite 3</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>4-18-08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIDDON, DANNY 5356 NW 9TH LANE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARNER, SHELLY 5319 NW 9TH LN GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMB, JOHN 4300 NW 23RD AVE ST 202 GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILLER, ROBERT 5318 NW 9TH LANE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, BRIAN 5315 NW 9TH LN GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date <b>4-18-08</b>			Daytime Phone #		