

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02420

**Entity Name:** BOARDWALK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**4614736680CC**

**Current Principal Place of Business:**

CORNERSTONE PROPERTY SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606

**Current Mailing Address:**

CORNERSTONE PROPERTY SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606 US

**FEI Number: 59-2640815**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORNERSTONE PROPERTY SOLUTIONS OF NORTH CENTRAL FLORIDA, LLC.  
CORNERSTONE PROPERTY SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606 US

*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: EUGENE C. HAUFLER**

**04/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WARNER, SHELLEY  
Address CORNERSTONE PROPERTY  
SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY  
Name KINDLAND, PATRICIA  
Address CORNERSTONE PROPERTY  
SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name WHIDDON, LINDA  
Address CORNERSTONE PROPERTY  
SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name LOEBIG, MARK  
Address CORNERSTONE PROPERTY  
SOLTUIONS  
3700 NW 91ST STREET SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name ADAMS-JOHNSON, MICHELLE  
Address CORNERSTONE PROPERTY  
SOLUTIONS  
3700 NW 91ST ST, SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER  
Name BRUCKER, SOPHIA  
Address CORNERSTONE PROPERTY  
SOLUTIONS  
3700 NW 91ST ST, SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name HATTON, RANDY  
Address CORNERSTONE PROPERTY  
SOLUTIONS  
3700 NW 91ST ST, A100  
City-State-Zip: GAINESVILLE FL 32606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHELLEY WARNER**

**PRESIDENT**

**04/15/2021**

