

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

DOCUMENT# N94000002411

**Entity Name:** BOYD BEACH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**115 LANCASTER PLACE  
ST AUGUSTINE, FL 32080**Current Mailing Address:**115 LANCASTER PLACE  
ST AUGUSTINE, FL 32080**FEI Number:** 59-3279821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALGER, CLARK H  
115 LANCASTER PLACE  
SAINT AUGUSTINE, FL 32080 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name QUINN, JAMES  
Address 116 LANCASTER PLACE  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D  
Name RADFORD, WINSTON JR  
Address 101 LANCASTER PL  
City-State-Zip: ST. AUGUSTINE FL 32080

Title O  
Name ALGER, CLARK  
Address 115 LANCASTER PL  
City-State-Zip: ST AUGUSTINE FL 32080

Title D  
Name ALGER, ALICE M  
Address 101 LANCASTER PLACE  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title SECRETARY  
Name TORODE, JUDY B  
Address 115 LANCASTER PLACE  
PO BOX 801  
City-State-Zip: PALATKA FL 32178

Title TREASURER  
Name TORODE, WILLIAM EDWIN III  
Address PO BOX 801  
City-State-Zip: PALATKA FL 32178

Title DIRECTOR  
Name SARLES, DAVID D DIRECTOR  
Address 5505 THOMPSON ROAD  
City-State-Zip: CLARENCE NY 14031

*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:** JUDY B. TORODE**SECRETARY****02/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date