

2017 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	VP
Name	GACHET, PEGGY
Address	304 VIEW POINT PLACE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	SECRETARY
Name	SARIES, PATTY
Address	121 LANCASTER P(L
City-State-Zip:	ST AUGUSTINE FL 32080

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: HAROLD CLARK ALGER**OFFICER...TREASURER****01/16/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date