

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 502943

1. Entity Name  
BOARDWALK AT DAYTONA BEACH, INC.



**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90022 017 \*\*\*150.00

Principal Place of Business  
24 N OCEAN AVE  
DAYTONA BEACH, FL 32118 US

Mailing Address  
P O BOX 265444  
DAYTONA BEACH, FL 32126 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-1644391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PASPALAKIS, PANORMITIS  
565 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PASPALAKIS, PANORMITIS  
STREET ADDRESS 565 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE STD ☐ Delete  
NAME PAPALAMBROS, LAMBROS  
STREET ADDRESS 45 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VPD ☐ Delete  
NAME PAPALAMBROS, LAMBROS  
STREET ADDRESS 45 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME ~~Papalambros, Lambros~~  
STREET ADDRESS 45 John Anderson Drive  
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE VPD ☒ Change ☐ Addition  
NAME ~~Paspalakakis, Christina~~  
STREET ADDRESS Paspalakakis Christina  
CITY-ST-ZIP 565 Riverside Drive  
Ormond Beach, FL 32176

TITLE STD ☒ Change ☐ Addition  
NAME Paspalakakis, Panormitis  
STREET ADDRESS 565 Riverside Drive  
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secr,  
Treasurer 3/21/04

386-334-2102