

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90052 021 ***150.00

DOCUMENT # 502943

1. Entity Name
BOARDWALK AT DAYTONA BEACH, INC.



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.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1644391**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASPALAKIS, PANORMITIS
565 RIVERSIDE DRIVE
ORMOND BEACH FL 32176**

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 Panormitis K Paspalakis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **STD** ☒ Delete
NAME **PSAROS, ELENY LISA**
STREET ADDRESS **960 MARGARITA CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Lambros Papalambros**
STREET ADDRESS **45 John Anderson Drive**
CITY-ST-ZIP **Ormond Bch, FL 32176**

TITLE **VPD** ☒ Delete
NAME **PSAROS, KOMIS**
STREET ADDRESS **960 MARGARITA CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **Lambros Papalambros**
STREET ADDRESS **45 John Anderson Drive**
CITY-ST-ZIP **Ormond Bch, FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Panormitis K Paspalakis, Panormitis 4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-334-
2102

CR2E034 (10/02)