NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT** #

757634

(1)

THE BOARDWALK CAPER CONDOMINIUM ASSOCIATION, INC

District District						Qişi didi. Bilin birik birik birik birik 2,6% birik	
Principal Place of Business Mailing Address						2.5. 4.5.1 6.6.1 6.6.1 6.6.1 6.6.1 6.6.1 6.6.1	
1800-18056 SAN CARLOS PO BOX 6017							
_	BEACH FL 33932	FT. MYERS BEACH FL 33932					
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report		
					04/21/1981	04/21/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 6371	Arc Way	26 6371 Arc Way		59-2238401	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				\$9.75 Additional	
22 Suit	e #2	27 Suite #2		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be		
23 Ft N	Ft Myers, FL 28 Ft Myers,		FL		Trust Fund Contribution	Added to Fees	
Zıp	Country	Zip	Country	2110011111	8. This corporation has liability for in	tangible tax under s. 199.032,	
24 3391		29 33912	30	US		Yes ☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
			81	Name	David J Workman		
SUITOR, DOUG D			82	Street A	Address (P.O. Box Number is Not Acceptable)		
1661 ESTERO BLVD #27					6371-2 Arc Way		
FT. MYERS BEACH FL 33931					_		
			84	City		85 Zip Code	
				•	Ft Myers	FL 33912	
Pursuant t	on the provisions of Section 617.0502	and 617.1508, Florida Statutes	the above n	amed cor	poration submits this statement for the purp loard of directors. I hereby accept the appoi	ose of changing its registered office	
familiar wit	th, and accept the obligations of Section	a. Such change was authorize in 617.0503, Fjolida Statutes.	a by the corpo	oration's b	pard of directors, I hereby accept the appoi	ntment as registered agent. I am	
SIGNATURE .	Juno	a Whan	_				
	Signature, typed or printed name of registered about a			t signature re:.	uired wher reinstaling)	DATE	
12.	OFFICERS AND		13.		ADD TIONS CHANGES TO OFFIC		
THILE	VPD	DELETE	1.1 TITLE		President	Change 🗀 Addition	
NAME	our committee of the control of the		1.2 NAME		1		
STREET ADDRESS			1.3 STREET.	ADDRESS			
CHY-ST-ZIP	FT. MYERS BEACH FL		1.4 CITY-S1	I - ZIP			
TITLE	D	X 🔀 DELETE	2.1 TITLE		Secretary	Change XX Addition	
NAME	TEBERT TOOLETT		2.2 NAME	1	Kay Olinger 18008 San Carlos Blvd #23		
STREET ADDRESS	10000 0/47 0/4/200 02/0/		2 3 STREET.	: 5 Office (Applicate)			
CHTY - ST - ZIP	- · · · · · · · · · · · · · · · · · · ·		2 4 CITY-S	T-ZIP	Ft Myers Beach, FL		
TITLE	PD	X 🔀 DELETE	3.1 TITLE		Treasurer	Change XXAddition	
NAME	SNYDER, BOB		3.2 NAME		William Walsh		
STREET ADDRESS	288716 CRAGMONT DR.		33 STREET.	ADDRESS	18006 San Carlos B	31vd #15	
CITY-ST-ZIP	EVERGREEN CO		3.4. CHTY - S	T-ZIP	Ft Myers Beach, FI Director	33931	
TYTLE	SD	X 🔀 DELETE	4.1 TITLE			Change XX Addition	
NAME	RICE, BILL		4 2 NAME	ļ	Robert Civil		
STREET ADDRESS	5 WILLOW ST.		4.3 STREET	ADDRESS	18006 San Carlos H	31vd #18	
CITY-ST-ZIP	FRANKLIN MA	— — —	4.4 CITY - ST	I - ZIP	Ft Myers Beach, F1	33931	
TITLE	TD	DELETE	5 1 TITLE		V/Président	XX Change	
NAME	MILLER, HAL		5 2 NAME				
STREET ADDRESS	18000 SAN CARLOS BLVD #4	}	5 3 STREET	ADDRESS			
CITY-ST-ZIP	FT. MYERS BEACH FL	F7	5.4 CITY - ST	T- ZIP		<u> </u>	
TITLE	D	DELETE	6 1 TITLE			Change Addition	
NAME	BRIGGS, WARREN		6 2 NAME				
STREET ADDRESS	18042 SAN CARLOS, #125		6 3 STREE1	ADDRESS			
CITY-ST-ZiP	FT. MYERS BEACH FL		6.4 CITY - ST				
14. Loo hereb	y certify that the information supplied w	ith this filing is voluntarily furnis	shed and does	s not quali	fy for the exemption stated in Section 119.0	7(3)(k). Florida Statutes, I further	

roo heavy early that the information indicated on this limit is voluntarily turnished and does not quality for the exemption stated in Section 119.07.5/kg, Florida Statutes, Florida certify that the information indicated on this annual report or supplemental annual 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 seceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.96 454-38 Date: Prone

CR2E037 (12/95)