FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:22

DOCUMENT # 766490 (7)

1. Corporation Name
BOARDWALK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
715 S. OCEAN DR. FT. PIERCE FL 34949	715 S. OCEAN DR. FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0044683 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HITES, ROGER J.
715 SO. OCEAN DR
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name: Roger J. Hites, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1824 NE Business Park PL
83
84 City: Jensen Beach FL 85 Zip Code: 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Roger J. Hites, Jr. 3/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DVP ☐ Change ☒ Addition
NAME	HITES, ROGER J.	1.2 NAME	FULLER, EUGENE
STREET ADDRESS	715 S. OCEAN DR.	1.3 STREET ADDRESS	715 S. OCEAN Dr #I
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, Fl 34949
TITLE	STD	2.1 TITLE	DST ☐ Change ☒ Addition
NAME	HASKO, EILEEN W.	2.2 NAME	Hites, Jr. Roger J.
STREET ADDRESS	715 S. OCEAN DRIVE #L	2.3 STREET ADDRESS	715 S. OCEAN Dr # C
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, Fl 34949
TITLE	DV	3.1 TITLE	DP ☒ Change ☐ Addition
NAME	HOHLFELD, SEIGRUN	3.2 NAME	
STREET ADDRESS	715 S OCEAN DR #A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 receiver 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Roger J. Hites, Jr. 3/18/95 994-8900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E701