FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 01/11/1983
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26: Advantage Property Mgt
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: PO Box 65
City & State — 23:
City & State — 28: Jensen Beach, Fl
Zip — 24: Country — 25:
Zip — 29: 34958 Country — 30: MARTIN

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HITES, ROGER J JR.
1247 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: Lorraine H. Forte
82 Street Address (P.O. Box Number is Not Acceptable): Advantage Property Management
83: 1224 NE Business Park Place
84 City: Jensen Beach FL 85 Zip Code: 34957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lorraine H. Forte — Lorraine H. Forte — 3/26/96
Signature, type 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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HITES, ROGER J.		1.2 NAME		
STREET ADDRESS	715 S. OCEAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HASKO, EILEEN W.		2.2 NAME		
STREET ADDRESS	715 S. OCEAN DRIVE #L		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE	PD	☒ 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	DVP	☐ DELETE	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	FULLER, EUGENE		4.2 NAME		
STREET ADDRESS	715 S. OCEAN DRIVE #I		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HITES, JR. R J.		5.2 NAME		
STREET ADDRESS	715 S. OCEAN DRIVE #C		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VPD	☐ Change ☒ Addition
NAME			6.2 NAME	BAERTL, Otmar	
STREET ADDRESS			6.3 STREET ADDRESS	715 S. Ocean Dr. # M	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft Pierce, Fl 34949	

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)(k), 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: Seigrun Hohlfeld — SIEGRUN Hohlfeld — 3.23.96 — 407-334-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)