

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766490

1. Entity Name

BOARDWALK OWNERS ASSOCIATION, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90057 001 ****61.25

Principal Place of Business

715 S. OCEAN DR.
FT. PIERCE FL 34949

Mailing Address

ADVANTAGE PROPERTY MGT
PO BOX 65
JENSEN BEACH FL 34958
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0044683

Applied For

Not Applicable

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

FORTE, LORRAINE H.
ADVANTAGE PROPERTY MANAGEMENT
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BAERTL, OTMAR
715 S OCEAN DR, #M
FT. PIERCE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BRADLEY, KENNETH
715 S OCEAN DRIVE # C
FORT PIERCE FL 34949 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILKINSON, WILLIAM
715 S OCEAN DR. # I
FT PIERCE, FL 34949 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RINELLI, THOMAS
715 S OCEAN DRIVE # H
FORT PIERCE FL 34949 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 617, 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:

William Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)