

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 050 ****61.25

DOCUMENT # 766490

1. Entity Name
BOARDWALK OWNERS ASSOCIATION, INC.



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**

40009613



01142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☒ Delete
NAME **WILKINSON, WILLIAM**
STREET ADDRESS **715 S. OCEAN DR #1**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **VPD** ☒ Delete
NAME **MORRIS, BARRY**
STREET ADDRESS **715 S. OCEAN DR., #A**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **QUINTERO, IRAIDA**
STREET ADDRESS **715 S. OCEAN DR # L**
CITY-ST-ZIP **FT PIERCE, FL 34949**

TITLE **VPD** ☐ Change ☒ Addition
NAME **HERNANDEZ, HERNANDO**
STREET ADDRESS **715 S. OCEAN DR #M**
CITY-ST-ZIP **FT PIERCE, FL 34949**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **715 S. OCEAN DR. #A**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #