


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 039 ****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 1111 SOUTHEAST FEDERAL HIGHWAY SUITE 100 STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0044683	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTE, LORRAINE H. 1111 SOUTHEAST FEDERAL HIGHWAY SUITE 100 STUART, FL 34994				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRADLEY, KENNETH 715 SOUTH OCEAN DRIVE #L FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, HERNANDO 715 SOUTH OCEAN DRIVE #M FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, BARRY 715 SOUTH OCEAN DRIVE #A FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-20-07 (772)334-8900		

40007136



01092007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

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.

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 NAME STREET ADDRESS CITY-ST-ZIP
**ST
BRADLEY, KENNETH
715 SOUTH OCEAN DRIVE #L
FORT PIERCE, FL 34949**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
**STD
VDP
Ehrhart Christopher
715 South Ocean Drive # L
FT. PIERCE, FL 34949**

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**PD
MORRIS, BARRY
715 SOUTH OCEAN DRIVE #A
FORT PIERCE, FL 34949**

TITLE NAME STREET ADDRESS CITY-ST-ZIP
(Empty)

TITLE NAME STREET ADDRESS CITY-ST-ZIP
(Empty)

TITLE NAME STREET ADDRESS CITY-ST-ZIP
(Empty)

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