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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **F58024**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90162 043 ***150.00

02 0 . 1333

BOARDWALK DEVELOPMENT	OF BREVARD CORP.	
cipal Place of Business	Mailing Address	

Principal Place	of Business	Mailing Address									
180 PINELLAS L	ANE	180 PINELLAS LANE									
COCOA BEACH	FL 32931	COCOA BEACH FL 32931					DO NOT WRI	TE IN THIS	SPACE		
					3 0	ate Incorn	prated or Qualifed				7
						12/10/19					1
2. Principal Pla	ace of Business	2a. Mailing Address			4, F	El Number			A	pplied For	1
3122117	S. A Harte Menu	026 2211) S. Atla	2×h	c Hve	2 5	59-21803	115		N	ot Applicable	
Suite, Apt. #		Suite, Apt. #, etc.							\$8.75	Additional	
22		27			3. (<i>р</i> еписате о	Status Desired	<u> </u>	Fee R	equired	
City & State	12 0001 1.1	28 COWG BLA	cL	FL	l l		mpaign Financing Contribution		- \$5.00 Added	May Be to Fees	-
Zip	Country	型 2001 ==	Coun	try _ v/	8. T	his corpora	ation owes the curr	ent year Inta		1	İ
24 32	931 25 USH	29 36731 30	o L	<u>ls#</u>			operty Tax.		_] Yes	/S/2010	4
	9. Name and Address of Current	Registered Agent			10. 1	Name and	Address of New F	Registered /	Agent		4
CI INI	DIN CLENN T ECO			31 Name						•	
	DIN, GLENN T ESQ		ļ,	32 Street	Address (P.C	D. Box Nun	ber is Not Accepta	able)			1
	S PLUMOSA ST										4
STE				33							
MEH	ritt island fl 32952			34 City					85 Zip	Code	1
			`````				The second				
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the ab	ove-named	corporation s	submits this	s statement for the	purpose of o	changing its	s registered egistered	, 1
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statu	es.	Oracion s boa			Carles abbeni		· · · · · · · · · · · · · · · · · · ·	.
SIGNATURE	-,		t				<i>*</i>	: <u> </u>	. •		1
OIGIATIONE	Signature, typed or printed name of registered agent	<u> </u>	•	gent signature	required when rein			DATE			- 6
12.	OFFICERS AND		13.			DDITIONS/	CHANGES TO OF	FICERS AN	Change	Addition	
TITLE	PRES	☐ DELETE	1.1 1111		PRes		BRURher	_	[-] Grange	C Addition	, l Ξ
					10.0.						
NAME	ROBERT A BAUGHER		1.2 NAA		Rober	et H.	A section of the	- •'			8
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14. 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 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901-189-23 Daytime Phone #