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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00298 (2)
1. Corporation Name
BOARDWALK TOWNHOME ASSOCIATION, INC.



Principal Place of Business C/O COLDWELL BANKER 43522 FOREST HILL BLVD WEST PALM BEACH FL 33406 US	Mailing Address C/O COLDWELL BANKER 4352 FOREST HILL BLVD. WEST PALM BEACH FL 33406 US
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3. Date Incorporated or Qualified 12/12/1983		
4. FEI Number 59-2368118	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent
**COLDWELL BANKER
4352 FOREST HILL BLVD.
SUITE 4
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SADDLER, HENRY	
STREET ADDRESS	5340 E ELMHURST ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WOODS, EDWARD	
STREET ADDRESS	5300B ELMHURST ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELDREDGE, DONNA	
STREET ADDRESS	17076 ORANGE GROVE BLVD., #4	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHISHOLM, CONRAD	
STREET ADDRESS	5320B ELMHURST ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	BRION, JACQUES	
STREET ADDRESS	1880 N. CONGRESS AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Renee Gravin	
4.3 STREET ADDRESS	5350c Elmhurst Rd	
4.4 CITY-ST-ZIP	West Palm Beach, Fl. 33417	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry A. Saddler* 2.24.98 (561)642-1900

CR2E037 (10/97)