2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90116 002 ****61.25

0016753

DOCUMENT # N00298

1. Entity Name

BOARDWALK TOWNHOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JEAN FORTER MAGMT 1401-F2 S MILITARY TRAIL WEST PALM BEACH FL 33145 US	JEAN FORTER MAGMT 1401-F2 S MILITARY TRAIL WEST PALM BEACH FL 33145 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1650 N. Military Tr. #102	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Beach FL	City & State
Zip: 33409 Country: Palm Beach	Zip / Country

4. FEI Number 59-2368118 ☐ 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
ST. JOHNS DICKER & CAPLAN ,PA 500 S. AUSTRALIAN AVE. STE 600 WEST PALM BEACH FL 33401	Name: ST. JOHN CORE FIORE + LEMME, P.A. Street Address (P.O. Box Number is Not Acceptable): 500 AUSTRALIAN AVENUE SOUTH SUITE 600 City: WEST PALM BEACH FL Zip Code: 33401

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: David Core DAVID A. CORE SECRETARY / TREASURER AUG 21, 2001
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
After September 12, 2001, min. will be $236.25

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	VP GUIDI, JOHN 5330-D ELMHURST RD. WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNER, MASON 5320-B ELMHURST RD. WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ELDREDGE, DONNA 17076 ORANGE GROVE BLVD., #4 LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRION, JACQUES 1860 N. CONGRESS AVENUE WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 REQUIRED John Guidi, President 8/16/01