

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00298

1. Entity Name
BOARDWALK TOWNHOME ASSOCIATION, INC.



FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90042 008 ****61.25

Principal Place of Business
**1650 N MILITARY TR
#102
WEST PALM BEACH, FL 33409 US**

Mailing Address
**1650 N MILITARY TR
#102
WEST PALM BEACH, FL 33409 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004 Chg-NP CR2E037 (10/03)

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 JOHN CORE FIORE & LEMME PA
500 S. AUSTRALIAN AVE.
STE 600
WEST PALM BEACH, FL 33401**

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDT
VILLAGOMEZ, CARLOS
5330 E ELMHURST RD
WEST PALM BEACH, FL 33417** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ELDREDGE, DONNA
17076 ORANGE GROVE BLVD., #4
LOXAHATCHEE, FL 33470** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WOOD, ROBERT
5981 PINEY CT
WEST PALM BEACH, FL 33463** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOSEPH ALISSO
3165 LAYTON AVENUE
BRONX, NY 10465** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCARTY, JOHN
7744 PETERS RD #312
PLANTATION, FL 33324** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DISTADIO, GIOVANNI
1779 N CONGRESS AVE
BOYNTON BEACH, FL 33426** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #