

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 020 ****61.25

DOCUMENT # N00763					
1. Entity Name THE BOARDWALK CONDOMINIUM ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 6800 N US 1 APT 4306 COCOA, FL 32927			Mailing Address P.O. BOX 10027 COCOA, FL 32927		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TIMOTHY PICKLES 3490 N. US HIGHWAY 1 COCOA, FL 32923				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIFFINEGGER, LAURIE		NAME		
STREET ADDRESS	6800 N US 1 # 4306		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	2VPD	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, JOAN		NAME	ANGIE HADLEY	
STREET ADDRESS	6850 N. US 1, #5201		STREET ADDRESS	6800 N. US 1 # 4307	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	COCOA FL 32927	
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, WILLIAM		NAME	WILLIAM GOMEZ	
STREET ADDRESS	6760 N US 1 # 3208		STREET ADDRESS	6760 N. US 1 # 3208	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, PATRICIA		NAME		
STREET ADDRESS	6850 N US 1 # 5306		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIBARTOLO, SALLI		NAME	MARK CARRIE	
STREET ADDRESS	6800 N US 1 # 4204		STREET ADDRESS	6800 N. US 1 # 4202	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	COCOA FL 32927	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIFFINEGGER, LAURIE		NAME		
STREET ADDRESS	6800 N. US 1, #4306		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
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>Patricia Harris</i> PATRICIA HARRIS				Date: <i>2/11/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	