

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	4. FEI Number 59-2787202	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIMOTHY PICKLES 3490 N. US HIGHWAY 1 COCOA, FL 32923			7. Name and Address of New Registered Agent 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 _____ <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 NAME STREET ADDRESS CITY-ST-ZIP	PD NIFFENEGGER, LAURIE <input type="checkbox"/> Delete 6800 N US 1 # 4306 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2VPD ANGIE HADLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 N US 1 # 4307 COCOA FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD <input checked="" type="checkbox"/> Delete WILSON, JOAN 6850 N. US 1, #5201 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Gomez 6760 N US 1 # 3208 COCOA FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input type="checkbox"/> Delete GOMEZ, WILLIAM 6760 N US 1 # 3208 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TD HARRIS, PATRICIA 6850 N US 1 # 5306 COCOA, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete DIBARTOLO, SALLI 6800 N US 1 # 4204 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK CARRIE 6800 N US 1 # 4202 COCOA FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete NIFFENEGGER, LAURIE 6800 N. US 1, #4306 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>2/4/08</i>		