2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00763

FILED Feb 23, 2009 Secretary of State

Entity Name: THE BOARDWALK CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business: New Principal Place of Business: 6800 N US 1 **APT 4306** COCOA, FL 32927 **New Mailing Address: Current Mailing Address:** P.O. BOX 10027 COCOA, FL 32927 FEI Number: 59-2787202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TIMOTHY PICKLES 3490 N. US HIGHWAY 1 COCOA, FL 32923 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NIFFINEGGER, LAURIE Name: Name: 6800 N US 1 # 4306 Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: 2VPD () Delete Title: SEC (X) Change () Addition HADLEY, ANGIE Name: HADLEY, ANGIE Name: Address: 6800 N US 1 #4307 Address: 6800 N US 1 #4307 City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32927 Title: 1VPD () Delete Title: 1VPD (X) Change () Addition GOMEZ, WILLIAM MCFARLIN, CLYDE Name: Name: 6760 N US 1 # 3208 Address: Address: 6900 N US 1 #6101 City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32927 Title: TD () Delete Title: 1VPD (X) Change () Addition Name: HARRIS, PATRICIA Name: HARRIS, PATRICIA 6850 N US 1 # 5306 6850 N US 1 # 5306 Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32927 Title: 1VPD () Delete Title: (X) Change () Addition CARRIE, MARK CARRIE, MARK Name: Name: 6800 N US 1#4202 6800 N US 1#4202 Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32927 Title: () Delete Title: () Change () Addition NIFFENEGGER, LAURIE Name: Name: Address: 6800 N. US 1, #4306 Address: COCOA, FL 32927 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CARRIE TR 02/23/2009