

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00763

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6800 N US 1  
APT 3101  
COCOA, FL 32927

**New Principal Place of Business:**

6760 N US 1  
APT 3101  
COCOA, FL 32927

**Current Mailing Address:**

P.O. BOX 10027  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:** 59-2787202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIMOTHY PICKLES  
3490 N. US HIGHWAY 1  
COCOA, FL 32923 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: MC KENZIE, LARRY  
Address: 6800 N US 1 # 4103  
City-St-Zip: COCOA, FL 32927

Title: SEC  
Name: KLENKE, GUY  
Address: 6850 N US 1 #5207  
City-St-Zip: COCOA, FL 32927

Title: 1VPD  
Name: HORSMAN, CAROL  
Address: 6850 N, US1 #5206  
City-St-Zip: COCOA, FL 32927

Title: 2VPD  
Name: CONKLING, SARA ANN  
Address: 6900 N US1 #6302  
City-St-Zip: COCOA, FL 32927

Title: TR  
Name: DANIELS, PATRICIA N  
Address: 6760 N US 1# 3101  
City-St-Zip: COCOA, FL 32927

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICA DANIELS SIGNATURE GUARANTEED

TR

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date