2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# N04328

Entity Name: BOARDWALK OF BREVARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2849259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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 ( ) Delete
Name: FILSON, JIM
Address: 15 N ATLANTIC AVE #104
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete
Name: FRYE, CHARLES
Address: 15 N ATLANTIC AVE #503
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: VICKERS, JEFF
Address: 7008 SEVILLA CT #403
City-St-Zip: CAPE CANAVERAL, FL 32930

Title: D ( ) Delete
Name: PRUETT, KEVIN
Address: 15 N ALANTIC AVE #401
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: BARRY, PAULETTE
Address: 15 N ATLANTIC AVE #201
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARRY, PAULETTE
Address: 15 N ATLANTIC AVE #402
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM FILSON PD 03/20/2007

Electronic Signature of Signing Officer or Director — Date