

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 27, 2007**  
**Secretary of State**

DOCUMENT# N06000003596

**Entity Name:** BROADWAY CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**463499 STATE RD 200  
YULEE, FL 32097**New Principal Place of Business:****Current Mailing Address:**PO BOX 1987  
YULEE, FL 320411987**New Mailing Address:****FEI Number:** 20-4622469**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE RD 200  
YULEE, FL 32097 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: KUIPERS, JOE  
Address: 512 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete  
Name: PRATT, HENRY  
Address: 512 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete  
Name: CARREIRO, CARYN  
Address: 512 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NORMAN, MELISSA A  
Address: 10302 DEERWOOD PARK BLVD., SUITE 125  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CARYN CARREIRO

SD

06/27/2007

Electronic Signature of Signing Officer or Director

Date