## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N06000011997**

1. Entity Name

BOARDWALK AT SUNTREE CONDOMINIUM NO. 1 OWNERS ASSOCIATION, INC.



Principal Place of Business

7331 OFFICE PARK PLACE

SUITE 200 VIERA, FL 32940 Mailing Address

PO BOX 410999

MELBOURNE, FL 32941

FILED

2008 FEB 19 AM 8: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



## DO NOT WRITE IN THIS SPACE

01222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-8079552 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENFRO, RICHARD E 7331 OFFICE PARK PLACE SUITE 200 VIERA, FL 32940

## DO NOT WRITE IN THIS SPACE

VIERA, FL 32940			IN THIS STASE			
•						
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENFRO, ROBERT M 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940			100118967181 02/28/0801004025 **383.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EULER, ERNEST C 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RENFRO, RICHARD E 7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12   hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Elevide Statutes I further portify that the information						

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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08 321 243 4310

Date

Daytime Phone #