

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08602

FILED  
Feb 02, 2007  
Secretary of State

**Entity Name:** THE BOARDWALK AT CAPE SAN BLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 671  
PORT ST. JOE, FL 32457 US

**New Principal Place of Business:**

THE BOARDWALK AT CAPE SAN BLAS  
PORT ST. JOE, FL 32456 US

**Current Mailing Address:**

P O BOX 671  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

**FEI Number:** 59-2890617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOLDINGER, JOHN C  
905 MAPLEWOOD AVE  
TALLAHASSEE, FL 32303 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: MR ( ) Delete  
Name: GOLDINGER, JOHN  
Address: 905 MAPLEWOOD AVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MR ( ) Delete  
Name: BULL, LARRY  
Address: 1950 WENLOK TRAIL  
City-St-Zip: MARIETTA, GA 30066 US

Title: MRS ( ) Delete  
Name: SAPTE, JAN  
Address: 797 CAPE SAN BLAS ROAD  
City-St-Zip: PORT ST JOE, FL 32456 US

Title: MR ( ) Delete  
Name: SAPTE, DAVID  
Address: 797 CAPE SAN BLAS RD  
City-St-Zip: PORT ST JOE, FL 32456 US

Title: MR ( ) Delete  
Name: HART, JERRY  
Address: 2448 COLUMBIANA ROAD  
City-St-Zip: VESTAVIA HILLS, AL 35216 US

Title: MRS ( ) Delete  
Name: BULL, SUSAN  
Address: 1950 WENLOK TRAIL  
City-St-Zip: MARIETTA, GA 30066 US

**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: ( ) 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 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: DAVID SAPTE

MR

02/02/2007

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

\_\_\_\_\_  
Date