

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08602

FILED
Jan 31, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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:

CAUGHEY, JAMES
273 FLORIDA AVE
PORT ST JOE, FL 32456 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: CAUGHEY, JAMES
Address: 273 FLORIDA AVE
City-St-Zip: PORT ST JOE, FL 32456 US

Title: MRS () Delete
Name: CAUGHEY, ELIZABETH
Address: 273 FLORIDA AVE
City-St-Zip: PORT ST JOE, GA 32456 US

Title: MS () Delete
Name: FOSTER, VICKY
Address: PO BOX BOX 83 - 885 SKI RD
City-St-Zip: ALLENSPARK, CO 80510 US

Title: MR () Delete
Name: QUAKENBUSH, RONALD
Address: PO BOX 82
City-St-Zip: YORKTOWN, IN 47396 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: MR (X) Change () Addition
Name: JOHN, GOLDINGER
Address: 905 MAPLEWOOD AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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: DAVID SAPTE

MR

01/31/2009

Electronic Signature of Signing Officer or Director

Date