

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N17272

1. Entity Name
BOARDWALK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
49 BOARDWALK
BOX 255550
DAYTONA BEACH, FL 32126 US

Mailing Address
P.O. BOX 265550
DAYTONA BEACH, FL 32126 US

DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2729918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PSAROS, ELENY L
960 MARGARITA CIRCLE
ORMOND BEACH, FL 32176

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000913196
05/08/08-80006-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PSAROS, ELENY LISA
STREET ADDRESS 960 MARGARITA CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL

TITLE TSD
NAME LOUIZES, JOHN
STREET ADDRESS 1401 RUTHDERN RD
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: 2. Psaros, Eleny Lisa Psaros 4/17/08 386 2530254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #