

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25035

FILED
Apr 01, 2005
Secretary of State

Entity Name: THE BOARDWALK CAPER IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3020191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 - STE 5000
LONGWOOD, FL 32779 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: ABBOTT, EDWARD
Address: 18066 SAN CARLOS BLVD #411
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: VPD () Delete
Name: OSTMAN, GORDON
Address: 454 BASSETA ST
City-St-Zip: NEWAYGO, MI 49337

Title: STD () Delete
Name: WIDERSTROM, HANS
Address: 18068 SAN CARLOS BLVD. # 513
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: NEDWICK, GILBERT
Address: 18068 SAN CARLOS BLVD #516
City-St-Zip: FT MYERS BEACH, FL 33931

Title: STD (X) Change () Addition
Name: BURTON, CONNIE
Address: 18068 SAN CARLOS BLVD #522
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD ABBOTT

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date