## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## **FILED** Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90008 004 \*\*\*\*61.25

DOCUMENT # N36133  1. Entity Name BROADWATER HOMEOWNERS ASSOCIATION, INC.						5 90008 004 ****(	51.25	
Principal Place of Business 7 BROADRIVER RD PO BOX 731389 ORMOND BCH., FL 32174 US ORMOND BEACHN,			2173-1389 US	<b>40</b> (	0812r	v		
		Clo All Florid	ta Bealty	<i>S</i> erv				
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, eto		01242006 C	hg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-307972	22	<b>⊢</b>	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ac	iditional	
	6. Name and Address of Current	Registered Agent	USA	7. Name and Ad	dress of New	Registered Agent		
ALL FLORIDA REALTY SERVICES				Name				
152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
I TOLL!	Cu, i L OLIII							
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or reg	gistered agent, or both, in	the State of F	Florida. I am familiar with	n, and accept	
SIGNATURE	·	· 					··	
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old with the	Signature, typed or printed name of registered agent	and title ≰ applicable. (NOTE: Ri	egistered Agent signature re	equired when reinstating)	1 69	DATE	Table 4 To 1	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title ∉ applicable. (NOTE: Ri 9 Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		Make check payable orlda Department of		
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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: \_

MANUE OF LUNCH CANONICO SIGNING OFFICER OR DIRECTOR

1-<u>26-06 386-760-600</u>0 Date Daytime Phone #