Aug 14, 2003 8:00 am Secretary of State

08-14-2003 90071 047 \*\*\*550.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P02000102415 **DOCUMENT #**

1. Entity Name

CITY-ST-ZIP

BOARDWALK AT MORRIS BRIDGE I, INC.

Principal Place of Business 3600 N.W. 43RD STREET SUITE C-1		Mailing Address 3600 N.W. 43RD STREET SUITE C-1					
GAINESVILLE FL 32606-8127		GAINESVILLE FL 32606-8127		I INGIGERI ALL COLLO CIRCII GRAIA ERIZA ROSRE ISOLIA ROSA	O COUNT DEAD ALAN	i diik i <b>se</b> i	
2 Principal F	Place of Business	3. Mailing Address					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4, FEI Number 43-2003192	Applied For Not Applicable	
Zip	Country	Zip	Country			8.75 Addition	nal
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Ag	ent	
DIOTRIANUAL IAFI A				Name			
	VSKI, JOEL S		Street Address (P.C		O. Box Number is Not Acceptable)		
317 - 71S	ACH FL 33141		-	<u> </u>			
MIMMI DEA	10H FL 33141		L			T	
į		•		City	FL	Zip Code	ļ
the obligated with the obligated street stre	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$550.00  ptember 10, 2003 Fee will be \$750.	and title if applicable. (NOTE:		gent signature required	when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 (	May Be
	k Payable to Florida Department o	_ <u></u>					
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISSEL, WALDEMAR F JR 3600 N.W. 36TH STREET SUITE GAINESVILLE FL 32606	☐ Delete	NAME STREET A	ſ	1	Change [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET /			Change [	Addition
TITLE	· · · · · · · · · · · · · · · · · · ·	· Delete	NAME STREET A		- [	Change	Addition
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		i	NAME STREET A CITY-ST				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A			Change	Addition
TITLE NAME STREET ADDRESS	1%	☐ Delete	TITLE NAME STREET A	.DDRESS	[	Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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.

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #