

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000089557

1. Entity Name
BOARDWALK AT ALAFAYA TRAIL, INC.



Principal Place of Business
3600 NW 43 ST
SUITE C-3
GAINESVILLE, FL 32606

Mailing Address
3600 NW 43 ST
SUITE C-3
GAINESVILLE, FL 32606

FILED
06 MAY -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3406931	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISSEL, WALDMAR F
3600 NW 43 ST
SUITE C-1
GAINESVILLE, FL 32606

**DO NOT WRITE
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.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSEL, WALDEMAR F JR 3600 NW 43 ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISSEL, MELVA 3600 NW 43 ST GAINESVILLE, FL 32606
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05/16/06--01033--011 **158.75

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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 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.

SIGNATURE: *Waldemar F. Kissel Jr* WALDEMAR F. KISSEL JR 352-373-3979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #