

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747051 (1)**  
 1. Corporation Name  
**OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC**



Principal Place of Business 1310 S KILLIAN DR #104 LAKE PARK FL 33403	Mailing Address 1310 S KILLIAN DR #104 LAKE PARK FL 33403
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3. Date Incorporated or Qualified <b>05/03/1979</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2304339</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

ASHTON, LESLIE  
 6099 ADAMS STREET  
 PALM BEACH GARDENS FL 33418

**10. Name and Address of New Registered Agent**

81 Name **HENRY O LUMB JR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1050 POWELL DR.**  
 83  
 84 City **RIVIERA BEACH** FL 85 Zip Code **33404**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Henry O Lumb Jr **HENRY O LUMB JR** 1/16/1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ASHTON, LESLIE	
STREET ADDRESS	6099 ADAMS STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUMB, HENRY	
STREET ADDRESS	1050 POWELL DRIVE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, KAREN	
STREET ADDRESS	1202 12TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATHIEUS, MARGI	
STREET ADDRESS	720 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	732 KITTYHAWK WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MR. MYLES CASTAGNA	
1.3 STREET ADDRESS	1111 7TH ST	
1.4 CITY-ST-ZIP	LAKE PARK, FL 33403	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MR. EVERETT BENZ	
2.3 STREET ADDRESS	17679 103RD TERB.	
2.4 CITY-ST-ZIP	JUPITER FL 33478	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MR. CURTIS MAYER	
3.3 STREET ADDRESS	15648 88TH TRAIL N.	
3.4 CITY-ST-ZIP	PALM BEACH GDNS, FL 33418	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry O Lumb Jr **HENRY O LUMB JR** 1/16/98 (561) 842-3308

CR2E037 (10/97)