

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90106 050 ****61.25

DOCUMENT # 747051

1. Entity Name

OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC

Principal Place of Business

Mailing Address

**1310 S KILLIAN DR
 # 113
 LAKE PARK FL 33403**

**1310 S KILLIAN DR
 # 113
 LAKE PARK FL 33403
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2304339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUMB, HENRY O
 1050 POWELL DR.
 RIVIERA BEACH FL 33404**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE Henry O Lumb

Signature, typed or printed name of registered agent and title if applicable.

Henry O Lumb

(NOTE: Registered Agent signature required when re-registering)

4/23/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTAGNA, MYLES M	
STREET ADDRESS	1111 7TH ST	
CITY-ST-ZIP	LAKE PRK FL 33403	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUMB, HENRY	
STREET ADDRESS	1050 POWELL DRIVE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, AUSTIN	
STREET ADDRESS	1202 12TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHIEU, MARJI	
STREET ADDRESS	720 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENZ, EVERETT M	
STREET ADDRESS	17679 103RD TERR	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYER, CURTIS M	
STREET ADDRESS	15648 88TH TRAIL, N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICK, RAYMOND	
STREET ADDRESS	15275 NATURES PT LA	
CITY-ST-ZIP	WELLINGTON, FL 33414	

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 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: Henry O Lumb **SIGNATURE REQUIRED** Henry O Lumb 4/23/02 (561) 842-3308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)