

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90301 047 \*\*\*\*61.25

<b>DOCUMENT # 747051</b> 1. Entity Name <b>OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC</b>	
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Principal Place of Business <b>1310 S KILLIAN DR # 113 LAKE PARK FL 33403</b>	Mailing Address <b>1310 S KILLIAN DR # 113 LAKE PARK FL 33403 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2304339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONG, HEIDI	
STREET ADDRESS	1820 SERVICE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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	D	<input type="checkbox"/> Delete
NAME	PELLEGRINO, JERRY	
STREET ADDRESS	PO BOX 14207	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINEHAN, SCOTT	
STREET ADDRESS	7720 150TH RD N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PICK, RAYMOND	
STREET ADDRESS	15275 NATURES PT LA	
CITY-ST-ZIP	WELLINGTON FL 33414	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Henry O Lumb Henry O Lumb 4/21/06 (561) 842-3308