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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00258

1. Corporation Name

WASHINGTON SQUARE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

115 S. DALE MABRY HWY
SUITE 300
TAMPA FL 33609
US

Mailing Address

115 S DALE MABRY HWY
SUITE 300
TAMPA FL 33609
US



2. Principal Place of Business

21 115 S. Dale Mabry Hwy

Suite, Apt. #, etc.

22 Ste. 300

City & State

23 Tampa, FL

Zip

24 33609

Country US

2a. Mailing Address

26 115 S. Dale Mabry Hwy

Suite, Apt. #, etc.

27 Ste. 300

City & State

28 Tampa, FL

Zip

29 33609

Country US

3. Date Incorporated or Qualified

12/08/1983

4. FEI Number

59-2374584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICE, INC.
115 S. DALE MABRY HWY
SUITE 300
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 SD
NAME TREAT, SARA ANN F.
STREET ADDRESS 5116 C TEMPLE HGTS RD.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE PD
NAME MEMORY, JUDY
STREET ADDRESS 5122 A TEMPLE HEIGHTS RD
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE TD
NAME PARINO, SAM
STREET ADDRESS 5116 D TEMPLE HEIGHTS RD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D J Pres
NAME RIGGLE, THOMAS L
STREET ADDRESS 5118 D TEMPLE HEIGHTS RD
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME William Williams
1.3 STREET ADDRESS 5120 A Temple Hts Rd
1.4 CITY-ST-ZIP Tampa, FL 33617

2.1 TITLE Treasurer ☐ Change ☐ Addition
2.2 NAME Kenneth P. Williams
2.3 STREET ADDRESS 5116 B Temple Hts Rd
2.4 CITY-ST-ZIP Tampa, FL 33617

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

681-9000

CR2E037 (1/98)