2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00258

FILED Mar 08, 2007 Secretary of State

Entity Name: WASHINGTON SQUARE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1207 N HIMES 9300 N 16TH ST

SUITE 3 TAMPA, FL 33612 US

TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

1207 N HIMES 9300 N 16TH ST

SUITE 3 TAMPA, FL 33612 US TAMPA, FL 33607 US

FEI Number: 59-2374584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNIQUE PROPERTY SERVICE, INC.

WINFIELD, JANET
9300 N 16TH ST

SUITE 3 TAMPA, FL 3612 US TAMPA, FL 33607 US

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: JANET WINFIELD 03/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: PD (X) Change () Addition

 Name:
 TEAGUE, ROBERT
 Name:
 WESTHOFF, WAYNE

 Address:
 5118 E. TEMPLE HTS RD #A
 Address:
 P.O. BOX 47015

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33647

Title: SD () Delete Title: SD (X) Change () Addition

Name: DIERKING, STEVE Name: DIERKING, DAVID

Address: 5134 E. TEMPLE HGTS RD. Address: 5134 A TEMPLE HEIGHTS ROAD

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33612

Title: TD (X) Delete Title: () Change () Addition

 Name:
 WESTHOFF, ONEIDA
 Name:

 Address:
 P.O. BOX 47015
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 WESTHOFF, WAYNE W
 Name:

 Address:
 P.O. BOX 47015
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

 Name:
 LOPEZ, MILDRED
 Name:

 Address:
 5116D E. TEMPLE HGTS. RD
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WINFIELD AGEN 03/08/2007