

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005693
 1. Entity Name
 DOBBS ROAD INDUSTRIAL WAREHOUSES
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 765 CR 13 SOUTH P.O BOX 4497
 ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32085



01032006 No Chg-NP CR2E037 (11/05)
 4. FEI Number Applied For
 59-3741336 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WALER, RICHARD L JR.
 100 WALER WAY
 SAINT AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE
 02/18/06-80077-019 61.25

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LORIN, MILES
STREET ADDRESS	200 WALER WAY #6
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DST
NAME	WALER, RICHARD
STREET ADDRESS	100 WALER WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DV
NAME	ANDROW, KAYWONTH
STREET ADDRESS	200 WALER WAY # 1
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Richard L. Waler Jr* Richard L Waler Jr 2/6/06 800 824-5412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #