


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90030 048 \*\*\*\*61.25

**DOCUMENT # N02000005982**

1. Entity Name  
 1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 C/O DIANE TOLBERT COVAN, ESQ.  
 600 WHITEHEAD STREET - #205  
 KEY WEST, FL 33040

Mailing Address  
 C/O DIANE TOLBERT COVAN, ESQ.  
 600 WHITEHEAD STREET - #205  
 KEY WEST, FL 33040



2. Principal Place of Business  
 C/O SELINA C. CLOW  
 Suite, Apt. #, etc.  
 2604 LAKEVIEW CT  
 City & State  
 CHURCHVILLE, MD  
 Zip  
 21028-1515 Country  
 US

3. Mailing Address  
 C/O SELINA C. CLOW  
 Suite, Apt. #, etc.  
 2604 LAKEVIEW CT  
 City & State  
 CHURCHVILLE, MD  
 Zip  
 21028-1515 Country  
 US

02212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 55-0826760 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COVAN, DIANE T ESQ.  
 600 WHITEHEAD STREET  
 SUITE 205  
 KEY WEST, FL 33040

7. Name and Address of New Registered Agent  
 Name  
 JARED H. HOBGOOD  
 Street Address (P.O. Box Number is Not Acceptable)  
 1400 WHITE ST, UNIT C  
 City  
 Key West FL Zip Code  
 33040

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  JARED H. HOBGOOD 3/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	COVAN, FREDERICK L PH.D.	
STREET ADDRESS	1809 SEIDENBERG AVENUE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COVAN, DIANE T	
STREET ADDRESS	1809 SEIDENBERG AVENUE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COVAN, ALEXANDER M	
STREET ADDRESS	291 ESSEX STREET	
CITY-ST-ZIP	MILBURN, NJ 070410348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN E. CZERWINSKI	
STREET ADDRESS	2604 LAKEVIEW CT	
CITY-ST-ZIP	CHURCHVILLE, MD 21028-1515	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELINA C. CLOW	
STREET ADDRESS	2604 LAKEVIEW CT	
CITY-ST-ZIP	CHURCHVILLE, MD 21028-1515	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. E. HOFER	
STREET ADDRESS	34 SHERMAN ST, #2	
CITY-ST-ZIP	NEWPORT, RI 02840	
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		

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:  STEVEN E. CZERWINSKI 23 Feb 04 410 436-8355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #