


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

03-17-2003 90707 049 ****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**

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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete |
| NAME | COVAN, FREDERICK L PH.D. | |
| STREET ADDRESS | 1809 SEIDENBERG AVENUE | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COVAN, DIANE T | |
| STREET ADDRESS | 1809 SEIDENBERG AVENUE | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COVAN, ALEXANDER M | |
| STREET ADDRESS | 291 ESSEX STREET | |
| CITY-ST-ZIP | MILBURN NJ 07041-0348 | |
| 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 | | <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 | | |
| 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: DIANE T. COVAN (305) 293-1118
Date: 2-19-03 Daytime Phone #

CR2E037 (10/02)