

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/27/2006-90190-016-\$61.00-\$61.00

FILED

06 JUN -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000010843
1. Entity Name
614 WHITEHEAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
614 WHITEHEAD ST.
KEY WEST, FL 33040

Mailing Address
614 WHITEHEAD ST.
KEY WEST, FL 33040

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

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

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
04-3833160

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALLISON, JOHN R III
6803 OVERSEAS HWY
MARATHON, FL 33050

7. Name and Address of New Registered Agent
Name: *Richard Wunsch - REW Property Enterprise LLC.*
Street Address (P.O. Box Number is Not Acceptable):
1014 Whitehead Street Suite 1
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: *[Signature]* DATE: *4/05/06*

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

Filing Fee is \$81.25 Due by May 1, 2006

8. 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT WALKER, DOUGLAS G 63 TWO TURTLES LN. SHARK KEY, FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WALKER, LINDA A 63 TWO TURTLES LN. SHARK KEY, FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, EDITH S 63 TWO TURTLES LN. SHARK KEY, FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard E. Wunsch owner</i> <i>1014 Whitehead Street Suite 1</i> <i>Key West, FL 33040</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700076211087</i> <i>06/15/06--01009--001 **0.25</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: *4/20/06* DAYTIME PHONE #: *305-923-7069*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #