

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23009 (6)

1. Corporation Name
THE WHISTLER CONDOMINIUM, INC.



Principal Place of Business Mailing Address
P O BOX 6727 P O BOX 6727
P O BOX 67274 P O BOX 67274
JACKSONVILLE FL 32236 JACKSONVILLE FL 32236
US US

3. Date Incorporated or Qualified 10/14/1987
3a. Date of Last Report 03/30/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2895041	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, ERNESTINE 2954B PARK STREET JACKSONVILLE FL 32205		81 Name	PATRICIA BEVERLY	
		82 Street Address (P.O. Box Number is Not Acceptable)	2954 B PARK ST.	
		83		
		84 City	JACKSONVILLE	85 Zip Code FL 32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 3-14-96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BAILEY, ERNESTINE	1.2 NAME	BEVERLY, PATRICIA
STREET ADDRESS	2954B PARK ST	1.3 STREET ADDRESS	2954A PARK ST.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD	2.1 TITLE	TD
NAME	CHAPMAN, CHARLES	2.2 NAME	MARSH, DAWN
STREET ADDRESS	2952 B PARK ST	2.3 STREET ADDRESS	2954B PARK ST.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD	3.1 TITLE	SD
NAME	BEVERLY, PATRICIA	3.2 NAME	CHAPMAN, CHARLES
STREET ADDRESS	2954A PARK STREET	3.3 STREET ADDRESS	2952 B PARK ST.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 3-14-96(904)384-8328
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)