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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N23009 DOCUMENT #

(6)

Mailing Address

THE WHISTLER CONDOMINIUM, INC.

	of Business	IV.	Mailing Address								
P O BOX 6727	P O BOX 6727		P O BOX 6727								
P O BOX 67274 JACKSONVILLE FL 32236			P O BOX 67274								
		JA US	CKSONVILLE FL 322364	6727		•	3. Date incorporated or Qualified	3	a. Date of L	ast Rer	oort
US		บจ	•				10/14/1987		03/20	/1996	i
2. Principal Pl	ace of Business	2ε	a. Mailing Address				4. FEI Number			App	lied For
n1		26	26				59-2895041 Not Applicab			Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additi					
22	2		27			Fee Require					
City & State		<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be					
23	0	28	<u> </u>	Count			Trust Fund Contribution			ided to	
Zip	Country	\	Zip 1	Coun	пy		This corporation has liability for Florida Statutes	r Intan Ye		ders. 1	199.032,
24	25 9. Name and Address	of Current Regi	<u> </u>	30	···-		10. Name and Address of New F				
	9. Hallie alle Audiesa	Of Carrent riegi	istered Agoin		11	Name	10. 111110 1111 1111				
DESERVI PATRICIA											
BEVERLY, PATRICIA 2954 A PARK STREET					82 Street Add		Address (P.O. Box Number is Not Acceptable)				
	WILLE FL 32205			ε	33						
JACKSON	ANITTE LT 25502										
				3	4	City			FL 85	Zip Co	ode
11 Pursuant	to the provisions of Section	ns 617 0502 and	617 1508 Florida Stat	utes, the abo	We-	named co	rporation submits this statement for the	ogrug e	ose of chance	ing its	registered
office or r	edistered agent of both i	n the State of Flo	rida. Such change was	s authorized	bv 1	he corpora	ation's board of directors. I hereby acc	ept the	e appointme	int as re	egistered
agent. La	ny familiar with, and accep	1 -46	or, Section 617.0503, I	-iorida Siaiu	ws.						
	V I M. T. AU II A	on Va	' .								
SIGNATURE	Storature, typed or gripted name of	registered agent and til	tle if an ulicable. (No	OTE: Registered	Agent	signature requ	ulred when reinstating)	D	ATE		
SIGNATURE 1	Signature, typed or printed ranie of	registered agent and tit ICERS AND DIRE		TE: Registered /	Agent	signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF			CTORS	IN 12
	Signature, typed or printed ranie of	registered agent and tit			·	signature requ					IN 12
12.	Signature typed or printed ranie of OFF	registered agent and tit	ECTORS	13.	Ē	signature requ	ADDITIONS/CHANGES TO OF		S AND DIRE		
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12. TITLE NAME	Signature typed or printed (after of OFF PD BEVERLY, PATRICIA	registered agent and tit	ECTORS	13. 1.1 Titl 1.2 NAA	E ME EET A	DORESS ZIP	ADDITIONS/CHANGES TO OFF		S AND DIRE	ange	Addition
12. TITLE NAME STREET ADDRESS	Signature typed of printed take of OFF PD BEVERLY, PATRICIA 2954B PARK ST	registered agent and tit	ECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR	E ME EET A 7-ST-	DORESS -ZIP	ADDITIONS/CHANGES TO OFF		S AND DIRE	ange	
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