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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23009 (6)
1. Corporation Name
THE WHISTLER CONDOMINIUM, INC.



Principal Place of Business P O BOX 6727 P O BOX 67274 JACKSONVILLE FL 32236 US	Mailing Address P O BOX 6727 P O BOX 67274 JACKSONVILLE FL 32236 US
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3. Date incorporated or Qualified 10/14/1987		
4. FEI Number 59-2895041	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEVERLY, PATRICIA
2954 A PARK STREET
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 office 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 PATRICIA BEVERLY PROB. 2-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEVERLY, PATRICIA	
STREET ADDRESS	2954B PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAILEY, ERNESTINE	
STREET ADDRESS	2954 B. PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, CHARLES	
STREET ADDRESS	2952 B PARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, MITCHELL	
STREET ADDRESS	2952 A. PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERESA RIGGS
3.3 STREET ADDRESS	2952 B PARK ST.
3.4 CITY-ST-ZIP	JACKSONVILLE FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD WARD
4.3 STREET ADDRESS	2952 A. PARK ST.
4.4 CITY-ST-ZIP	JACKSONVILLE FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: PATRICIA BEVERLY 2-98

CR2E037 (10/97)