

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N23009

Entity Name: THE WHISTLER CONDOMINIUM, INC.

Current Principal Place of Business:

2952 PARK STREET
UNIT A
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6727
P O BOX 67274
JACKSONVILLE, FL 32236 US

New Mailing Address:

P O BOX 6727
JACKSONVILLE, FL 32236 US

FEI Number: 59-2895041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEUART, ROBERT
2952A PARK ST
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BEVERLY, PATRICIA
Address: 2954 A PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: VELEZ, LOUIS
Address: 2954 B. PARK ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD () Delete
Name: STEUART, ROBERT
Address: 2952 A PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: VELEZ, CAROLE
Address: 2954B PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE VELEZ

TD

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date