

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90276 017 \*\*\*\*61.25

0065849

**DOCUMENT # N23009**

1. Entity 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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2895041**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, ERNESTINE**  
**2954 A PARK STREET**  
**JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name Carole Velez  
Street Address (P.O. Box Number is Not Acceptable)  
2954 B PARK ST  
City JACKSONVILLE FL Zip Code 32205

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 Carole Velez Carole Velez, President      4/29/03  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

9. 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          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | BEVERLY, PATRICIA     |  |
| STREET ADDRESS | 2954 A PARK ST        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |  |
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BAILEY, ERNESTINE     |  |
| STREET ADDRESS | 2954 B. PARK ST.      |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |  |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | RIGGS, THERESA        |  |
| STREET ADDRESS | 2952 B PARK ST        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GARCIA, NATIVIDAD     |  |
| STREET ADDRESS | 2952 A PARK ST        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Louis and Carole Velez |  |
| STREET ADDRESS | 2954 B PARK ST         |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32205 |  |
| TITLE          | VP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | TD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert A. Stewart      |  |
| STREET ADDRESS | 2952 A PARK ST         |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32205 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. 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 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: Theresa Riggs      Theresa Riggs      4/29/03      384-3014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)