2121 KILLARN TALLAHASSEI				
Current Ma	iling Address:			
	CE BOX 11143 SEE, FL 32302 US			
FEI Number: 26-2747466 Cer			Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent:			
	OCIATION & PROPERTY MANAGEMENT, INC.			
2121 KILLARN				
2121 KILLARN TALLAHASSEI	EYWAY	stered office or regis	tered agent, or both, in the State of F	Florida.
2121 KILLARN TALLAHASSEI The above name	EY WAY E, FL 32309 US	stered office or regis	tered agent, or both, in the State of F	Torida. 04/22/2016
2121 KILLARN TALLAHASSEI The above name	EY WAY E, FL 32309 US In dentity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
2121 KILLARN TALLAHASSEI The above name SIGNATURI	EY WAY E, FL 32309 US Ind entity submits this statement for the purpose of changing its regis E: JOANIE TROTMAN	stered office or regis	tered agent, or both, in the State of F	04/22/2016
2121 KILLARN TALLAHASSEI The above name SIGNATURI	EY WAY E, FL 32309 US In a entity submits this statement for the purpose of changing its regis E: JOANIE TROTMAN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/22/2016
2121 KILLARN TALLAHASSEI The above name SIGNATURI Officer/Dire	EY WAY E, FL 32309 US Ind entity submits this statement for the purpose of changing its regis E: JOANIE TROTMAN Electronic Signature of Registered Agent			04/22/2016
2121 KILLARN TALLAHASSEI The above name SIGNATURI Officer/Dire Title	EY WAY E, FL 32309 US ad entity submits this statement for the purpose of changing its regis E: JOANIE TROTMAN Electronic Signature of Registered Agent Elector Detail : PD	Title	VPD	04/22/2016

Title

Name

Address

City-State-Zip:

CAM

MANAGING AGENT

MANAGEMENT, INC.

POST OFFICE BOX 11143

TALLAHASSEE FL 32302

FLORIDA ASSOCIATION & PROPERTY

I hereby 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 all other like empowered.

#### SIGNATURE: JOANIE TROTMAN

Electronic Signature of Signing Officer/Director Detail

FILED Apr 22, 2016 Secretary of State CC8215728190

04/22/2016

Date

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0700006122

# Entity Name: WATER STREET HOTEL CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

2121 KILI ARNEY WAY

Title

Name

Address

City-State-Zip:

S/TD

BRIER, BOB

POST OFFICE BOX 11143

TALLAHASSEE FL 32302