2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 720196

Entity Name: WASHINGTON SQUARE CONDOMINIUM, INC.

Current Principal Place of Business:

220 WASHINGTON AVE,
MIAMI BCH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

220 WASHINGTON AVE,
MIAMI BCH, FL 33139 US

New Mailing Address:

FEI Number: 59-1387051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, JANE ANN K
220 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WISE, JANE ANN
220 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

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: WISE JANE ANN 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WISE, JANE ANN
Address: 220 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: PETIT, ALFRED
Address: 220 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST ( ) Delete
Name: SCARFO, WALTER
Address: 220 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: WISE, DAVID JR
Address: 220 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

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: WALTER SCARFO STD 04/29/2008
Electronic Signature of Signing Officer or Director Date