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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747051 (1)
1. Corporation Name
OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC

6-10



Principal Place of Business: 17679 103RD TERRACE JUPITER FL 33478-4701
Mailing Address: 17679 103RD TERRACE JUPITER FL 33478-4701

3. Date Incorporated or Qualified: 05/03/1979
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2304339
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
BENZ, SUSAN
17679 103RD TERRACE
JUPITER FL 33478-4701

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BENZ, SUSAN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	1310 S KILLIAN DR #108		1.2 NAME
STREET ADDRESS	LAKE PARK FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VD MAYER, HELMUT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	1310 S KILLIAN DR #101		2.2 NAME
STREET ADDRESS	LAKE PARK FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	STD WARREN, FRANCIS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	10612 AVENUE OF THE PGA		3.2 NAME
STREET ADDRESS	PALM BEACH FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	AST O'ROURKE, MARY	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	17619 103RD TERRACE		4.2 NAME
STREET ADDRESS	JUPITER FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

1.1 TITLE Pd. Brink, Leslie Change Addition
1.2 NAME
1.3 STREET ADDRESS 1310 S Killian Dr #104
1.4 CITY-ST-ZIP L.P. Pl 33403
2.1 TITLE VD Kumb, Henry Change Addition
2.2 NAME
2.3 STREET ADDRESS 1310 S Killian Dr #104
2.4 CITY-ST-ZIP
3.1 TITLE Sec. White, Karen Change Addition
3.2 NAME
3.3 STREET ADDRESS 1310 S Killian Dr #104
3.4 CITY-ST-ZIP
4.1 TITLE Treasurer Mathews, Margi Change Addition
4.2 NAME
4.3 STREET ADDRESS 1310 S Killian Dr #104
4.4 CITY-ST-ZIP L.P. Pl 33403
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan D Benz* 4/30/96 407-746-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)