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**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90035 045 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 747051**

1. Corporation Name

**OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC**

Principal Place of Business

1310 S KILLIAN DR #104  
 LAKE PARK FL 33403

Mailing Address

1310 S KILLIAN DR #104  
 LAKE PARK FL 33403



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/03/1979

4. FEI Number  
 59-2304339

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

21 26 1050 POWELL DR.

22 27 RIVIERA BEACH FL

23 28 RIVIERA BEACH FL

24 25 29 30 33404 PALM BCH.

9. Name and Address of Current Registered Agent

ASHTON, LESLIE  
 6099 ADAMS STREET  
 PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name **HENRY O LUMB**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1050 POWELL DR.**  
 83  
 84 City **RIVIERA BEACH** FL 85 Zip Code **33404**

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 *Henry O Lumb*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 9 1999

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD CASTAGNA, MYLES M**  
 STREET ADDRESS **1111 7TH ST**  
 CITY-ST-ZIP **LAKE PRK FL 33403**

TITLE  DELETE  
 NAME **VD LUMB, HENRY**  
 STREET ADDRESS **1050 POWELL DRIVE**  
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE  DELETE  
 NAME **SD WHITE, KAREN**  
 STREET ADDRESS **1202 12TH LANE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE  DELETE  
 NAME **TD MATHIEUS, MARGI**  
 STREET ADDRESS **720 LIGHTHOUSE DRIVE**  
 CITY-ST-ZIP **LAKE PARK FL**

TITLE  DELETE  
 NAME **D BENZ, EVERETT M**  
 STREET ADDRESS **17679 103RD TERR**  
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE  DELETE  
 NAME **D MAYER, CURTIS M**  
 STREET ADDRESS **15648 88TH TRAIL, N**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE **STD**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **D**  Change  Addition  
 3.2 NAME **AUSTIN WHITE**  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE **D**  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE **VD**  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Henry O Lumb* SIGNATURE REQUIRED **HENRY O LUMB** JAN 9 1999 (561) 842-3308  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)