


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 747051 1. Entity Name OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC |  |
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|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business 1310 S KILLIAN DR # 113 LAKE PARK FL 33403 | Mailing Address 1310 S KILLIAN DR # 113 LAKE PARK FL 33403 US |
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|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

| | |
|-------------------------|-------------------------|
| City & State Zip | City & State Zip |
|-------------------------|-------------------------|

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|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. FEI Number 59-2304339 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



MOORE CR2E037 (11/03)

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| 6. Name and Address of Current Registered Agent LUMB, HENRY O 1050 POWELL DR. RIVIERA BEACH FL 33404 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE | D CASTAGNA, MYLES M 1111 7TH ST LAKE PRK FL 33403 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U00000029977 02/04/04-80089-018 61.25 </div> |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | STD LUMB, HENRY 1050 POWELL DRIVE RIVIERA BEACH FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | D WHITE, AUSTIN 1202 12TH LANE PALM BEACH GARDENS FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | PD MATHIEU, MARJI 720 LIGHTHOUSE DRIVE LAKE PARK FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | D BENZ, EVERETT M 17679 103RD TERR JUPITER FL 33478 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | VD PICK, RAYMOND 15275 NATURES PT LA WELLINGTON FL 33414 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | 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: Henry O Lumb Henry O LUMB 1/27/04 (561) 842-3308