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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NON-RESIDENT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763862 (0) 1. Corporation Name J D SQUARE WEST CONDOMINIUM ASSOCIATION INC. <b>REINSTATEMENT 1997</b>			
Principal Place of Business NC. 9260 W. HILLSBOROUGH AVE. #109 III TAMPA FL 33614-5902		Mailing Address NC. 3260 W. HILLSBOROUGH AVE. #109 III TAMPA FL 33614-5902	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/23/1982 3a. Date of Last Report 02/12/1996 4. FEI Number 59-2773034 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent DI GERLANDO, JOSEPH 3260 W HILLSBOROUGH AVE, #109 III TAMPA FL 33614-5999-5902		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City	
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 <i>[Signature]</i> DATE 11-24-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME DI GERLANDO, JOSEPH STREET ADDRESS 10116 LINDELAAN CITY-ST-ZIP TAMPA FL TITLE V NAME WADE, ZOE STREET ADDRESS 2808 OAKTREE CT. CITY-ST-ZIP TAMPA FL 33614-5902 TITLE STD NAME PEREZ, CARMEN E. STREET ADDRESS 10116 LINDELAAN CITY-ST-ZIP TAMPA FL TITLE D NAME LEWIS, CHARLES STREET ADDRESS 4434 N FLORIDA CITY-ST-ZIP TAMPA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 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.

CR2E037 (9/96)