

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 764058 (4)**  
1. Corporation Name  
**WASHINGTON SQUARE HOMEOWNER'S ASSOC., INC.**Principal Place of Business Mailing Address  
**2713 BLAIRSTONE LANE** **2713 BLAIRSTONE LANE**  
**TALLAHASSEE FL 32301-6074** **TALLAHASSEE FL 32301-6074**3. Date Incorporated or Qualified **07/07/1982** 3a. Date of Last Report **06/02/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>2713 Blainstone Lane</b>		26 <b>2713 Blainstone Lane</b>		59-3010758		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23 <b>Tallahassee FL</b>		28 <b>Tallahassee FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24 <b>32301</b>		29 <b>32301</b>					
Country		Country					
25 <b>U.S.</b>		30 <b>U.S.</b>					

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**NAZIH HADDAD**  
**2520 NOBLE DR.**  
**TALLAHASSEE FL 32312**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P + Dir.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAZIH, HADDAD</b>	1.2 NAME	<b>Glen P. Wittenberg</b>
STREET ADDRESS	<b>2520 NOBLE DR.</b>	1.3 STREET ADDRESS	<b>2713 Blainstone Lane</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Trea. + Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMAN, ELIZABETH</b>	2.2 NAME	<b>Nazih Haddad</b>
STREET ADDRESS	<b>2721 BLAIRSTONE LANE</b>	2.3 STREET ADDRESS	<b>2020 Noble Drive</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Sec. + Dir.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, MARY S.</b>	3.2 NAME	<b>Ana J. Wittenberg</b>
STREET ADDRESS	<b>2715 BLAIRSTONE LANE</b>	3.3 STREET ADDRESS	<b>2713 Blainstone Lane</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Elizabeth Schuman</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2721 Blainstone Lane</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

**NAZIH HADDAD****4/7/97****385-4047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007372

CR2E037 (9/96)