

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90023 028 \*\*\*\*61.25

DOCUMENT # 764058 ✓

1. Corporation Name

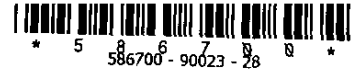
WASHINGTON SQUARE HOMEOWNER'S ASSOC., INC.

Principal Place of Business

2717 BLAIRSTONE LANE  
TALLAHASSEE FL 32301  
US

Mailing Address

2717 BLAIRSTONE LANE  
TALLAHASSEE FL 32301  
US



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/07/1982

4. FEI Number

59-3010758

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

9. Name and Address of Current Registered Agent

NAZIH HADDAD  
2520 NOBLE DR.  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

GLENN P. WITTENBERG

82 Street Address (P.O. Box Number is Not Acceptable)

83 2717 BLAIRSTONE LANE

84 City TALLAHASSEE FL 85 Zip Code 32301

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)

07/01/99

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP  
PD  
WITTENBERG, GLENN P.  
2717 BLAIRSTONE LANE  
TALLAHASSEE FL

11.5 TITLE ☒ DELETE

11.6 NAME  
11.7 STREET ADDRESS  
11.8 CITY-ST-ZIP  
TD  
HADDAD, NAZIH  
2520 NOBLE DR  
TALLAHASSEE FL

11.9 TITLE ☐ DELETE

11.10 NAME  
11.11 STREET ADDRESS  
11.12 CITY-ST-ZIP  
SD  
WITTENBERG, ANGIE J.  
2717 BLAIRSTONE LANE  
TALLAHASSEE FL

11.13 TITLE ☐ DELETE

11.14 NAME  
11.15 STREET ADDRESS  
11.16 CITY-ST-ZIP  
D  
SCHUMAN, ELIZABETH  
2721 BLAIRSTONE LANE  
TALLAHASSEE FL

11.17 TITLE ☐ DELETE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-ST-ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN P. WITTENBERG 07/01/99

Date (850) 222-1767

CR2E037 (5/99)

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