

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764801

FILED
Mar 13, 2007
Secretary of State

Entity Name: THE MARTHA WASHINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0119039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, ALLEN
Address: 3329 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD () Delete
Name: DOYLE, ROBERT
Address: 2716 OAK ST #5
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD (X) Delete
Name: DOYLE, LINDSEY
Address: 2716 OAK ST #5
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: KELLY, BRENDA
Address: 1636 KING ST #2
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRATT, BENJAMIN
Address: 2716 OAK ST #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD (X) Change () Addition
Name: ECKHARDT, KEVIN
Address: 1636 KING ST #4
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: KELLY, BRENDA
Address: 1636 KING ST #2
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: GRIFFIN, WADE L
Address: 2716 OAK ST #4
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN PRATT

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date