

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90103 030 \*\*\*\*61.25

**DOCUMENT # 765927**

1. Entity Name

**WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

% WILLIAM P GILMARTIN  
 450 DIANA BLVD  
 MERRITT ISLAND FL 32953-3037

Mailing Address

% WILLIAM P GILMARTIN  
 450 DIANA BLVD  
 MERRITT ISLAND FL 32953-3037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2360165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILMARTIN, WILLIAM P  
 450 DIANA BLVD  
 MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name **PSTO GILMARTIN, ANNE L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 DIANA BLVD**  
**MERRITT ISLAND**  
 City **FL** Zip Code **32953**

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.

SIGNATURE *Anne L. Gilmartin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILMARTIN, WILLIAM P	
STREET ADDRESS	450 DIANA BLVD	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	STD P	<input type="checkbox"/> Delete
NAME	GILMARTIN, ANNE L	
STREET ADDRESS	450 DIANA BLVD	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSWELL, HARRY	
STREET ADDRESS	2255 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DeBlois, Ralph	
STREET ADDRESS	290 PARNELL ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GILMARTIN, WILLIAM P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	450 DIANA BLVD	<b>Deceased</b>
STREET ADDRESS	MERRITT ISLAND FL 32953	
CITY-ST-ZIP		
TITLE	PSTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMARTIN, ANNE L.	
STREET ADDRESS	450 DIANA BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Anne L. Gilmartin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ANNE L. GILMARTIN*

Date

Daytime Phone #

CR2E037 (9/01)