

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 08:00 A
Secretary of State

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



08082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2360165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILMARTIN, ANNA L
450 DIANA BLVD
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
GILMARTIN, ANNE L
450 DIANA BLVD
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CARSWELL, HARRY
2255 N COURTENAY PKWY
MERRITT ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEBLOIS, RALPH
290 PARNELL ST
MERRITT ISLAND, FL 32952st

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000773017
08/30/07-80001-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.28.07 321-451-1290

Date

Daytime Phone #