


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2008 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
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02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2360165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876019 04/11/08-80055-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE PSTD	NAME GILMARTIN, ANNE L
STREET ADDRESS 450 DIANA BLVD	CITY-ST-ZIP MERRITT ISLAND, FL 32953
TITLE D	NAME CARSWELL, HARRY
STREET ADDRESS 2255 N COURTENAY PKWY	CITY-ST-ZIP MERRITT ISLAND, FL
TITLE D	NAME DEBLOIS, RALPH
STREET ADDRESS 290 PARNELL ST	CITY-ST-ZIP 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

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: *R S De Blois* 3-26-08 321-452-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #