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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N00258

1. Corporation Name

WASHINGTON SQUARE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

115 S. DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609  
US

Mailing Address

115 S DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609  
US



2. Principal Place of Business

21 115 S. Dale Mabry Hwy

Suite, Apt. #, etc.

22 Ste. 300

City & State

23 Tampa, FL

Zip

24 33609

Country

25 US

2a. Mailing Address

26 115 S. Dale Mabry Hwy

Suite, Apt. #, etc.

27 Ste. 300

City & State

28 Tampa, FL

Zip

29 33609

Country

30 US

3. Date Incorporated or Qualified

12/08/1983

4. FEI Number

59-2374584

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

UNIQUE PROPERTY SERVICE, INC.  
115 S. DALE MABRY HWY  
SUITE 300  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  DELETE

NAME TREAT, SARA ANN F.  
STREET ADDRESS 5116 C TEMPLE HGTS RD.  
CITY-ST-ZIP TAMPA FL

TITLE PD  DELETE

NAME MEMORY, JUDY  
STREET ADDRESS 5122 A TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL

TITLE TD  DELETE

NAME PARINO, SAM  
STREET ADDRESS 5116 D TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL

TITLE D J Pres  DELETE

NAME RIGGLE, THOMAS L  
STREET ADDRESS 5118 D TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director  Change  Addition

1.2 NAME William Williams  
1.3 STREET ADDRESS 5120 A Temple Hts Rd  
1.4 CITY-ST-ZIP Tampa, FL 33617

2.1 TITLE Treasurer  Change  Addition

2.2 NAME Kenneth P. Williams  
2.3 STREET ADDRESS ~~5116 B Temple Hts Rd~~  
2.4 CITY-ST-ZIP Tampa, FL 33617

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 REQUIRED

Judy Memory

4-28-99

681-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)