

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005693**

1. Entity Name  
**DOBBS ROAD INDUSTRIAL WAREHOUSES  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**765 CR 13 SOUTH  
ST. AUGUSTINE, FL 32092**

Mailing Address  
**P.O BOX 4497  
ST. AUGUSTINE, FL 32085**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3741336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

**6. Name and Address of Current Registered Agent**

**WALER, RICHARD L JR.  
100 WALER WAY  
SAINT AUGUSTINE, FL 32086**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LORIN, MILES
STREET ADDRESS	200 WALER WAY #6
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	DST
NAME	WALER, RICHARD
STREET ADDRESS	100 WALER WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	DV
NAME	ANDROW, KAYWONTH
STREET ADDRESS	200 WALER WAY # 1
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Richard L. Waler, Jr.* *Treasurer/Secretary* *1-10-05* *904 824-5412*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #