

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 048 ****61.25

DOCUMENT # N02000005982

1. Entity Name
1400 WHITE STREET CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
C/O DIANE TOLBERT COVAN, ESQ.
600 WHITEHEAD STREET - #205
KEY WEST, FL 33040

Mailing Address
C/O DIANE TOLBERT COVAN, ESQ.
600 WHITEHEAD STREET - #205
KEY WEST, FL 33040



2. Principal Place of Business
C/O SELINA C. CLOW

3. Mailing Address
C/O SELINA C. CLOW

Suite, Apt. #, etc.
2604 LAKEVIEW CT

Suite, Apt. #, etc.
2604 LAKEVIEW CT

City & State
CHURCHVILLE, MD

City & State
CHURCHVILLE, MD

Zip Country
21028-1515 US

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21028-1515 US

02212004 Chg-NP CR2E037 (10/03)

4. FEI Number
55-0826760

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COVAN, DIANE T ESQ.
600 WHITEHEAD STREET
SUITE 205
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name JARED H. HOBGOOD

Street Address (P.O. Box Number is Not Acceptable)
1400 WHITE ST, UNIT C

City Key West FL Zip Code 33040

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 \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME COVAN, FREDERICK L PH.D.
STREET ADDRESS 1809 SEIDENBERG AVENUE
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Delete

TITLE D
NAME COVAN, DIANE T
STREET ADDRESS 1809 SEIDENBERG AVENUE
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Delete

TITLE D
NAME COVAN, ALEXANDER M
STREET ADDRESS 291 ESSEX STREET
CITY-ST-ZIP MILBURN, NJ 070410348 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STEVEN E. CZERWINSKI ☐ Change ☒ Addition
STREET ADDRESS 2604 LAKEVIEW CT
CITY-ST-ZIP CHURCHVILLE, MD 21028-1515

TITLE D
NAME SELINA C. CLOW ☐ Change ☒ Addition
STREET ADDRESS 2604 LAKEVIEW CT
CITY-ST-ZIP CHURCHVILLE, MD 21028-1515

TITLE D
NAME WILLIAM J. E. HOFER ☐ Change ☒ Addition
STREET ADDRESS 34 SHERMAN ST, #2
CITY-ST-ZIP NEWPORT, RI 02840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN E. CZERWINSKI 23 Feb 04 410 436-8355