

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

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005982

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



Principal Place of Business
1400 WHITE STREET, APT. C
KEY WEST, FL 33040

Mailing Address
C/O SELINA CLOW
2604 LAKE VIEW CT.
CHURCHVILLE, MD 21028

DO NOT WRITE IN THIS SPACE



01182005 No 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

HOBGOOD, JARED
1201 THOMPSON STREET
KEY WEST, FL 33040

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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 \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CZERWINSKI, STEVEN E
STREET ADDRESS 2604 LAKEVIEW CT.
CITY-ST-ZIP CHURCHVILLE, MD 210281515

TITLE D
NAME CLOW, SELINA C
STREET ADDRESS 2604 LAKEVIEW CT.
CITY-ST-ZIP CHURCHVILLE, MD 210281515

TITLE D
NAME HOFER, WILLIAM
STREET ADDRESS 34 SHERMAN ST., #2
CITY-ST-ZIP NEWPORT, RI 02840

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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IN THIS SPACE**

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

STEVEN E. CZERWINSKI

Date

Daytime Phone #

18 JAN 2005 410436 8355