

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005982

FILED
Mar 20, 2008
Secretary of State

Entity Name: 1400 WHITE STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1400 WHITE STREET, APT. A
KEY WEST, FL 33040

New Principal Place of Business:

1400 WHITE STREET, APT. B
KEY WEST, FL 33040

Current Mailing Address:

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

New Mailing Address:

C/O WILLIAM HOFER
34 SHERMAN STREET APT 2
NEWPORT, RI 02840

FEI Number: 55-0826760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBGOOD, JARED
1201 THOMPSON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CZERWINSKI, STEVEN E
Address: 2604 LAKEVIEW CT.
City-St-Zip: CHURCHVILLE, MD 210281515

Title: D () Delete
Name: CLOW, SELINA C
Address: 2604 LAKEVIEW CT.
City-St-Zip: CHURCHVILLE, MD 210281515

Title: D (X) Delete
Name: HOFER, WILLIAM
Address: 34 SHERMAN ST., #2
City-St-Zip: NEWPORT, RI 02840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOFER, WILLIAM
Address: 34 SHERMAN STREET APT 2
City-St-Zip: NEWPORT, RI 02840

Title: D (X) Change () Addition
Name: KOPECKI, MICHAEL
Address: 9006 AYRDALE CRESCENT
City-St-Zip: PHILADELPHIA, PA 19128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HOFER

D

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date