2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009780

FILED Aug 19, 2008 Secretary of State

Entity Name: W FLATS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

405 CENTRAL AVE STE 100 205 5TH AVE N

ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

405 CENTRAL AVE STE 100 2330 PINELLAS POINT DR S ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33712

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, CHRISTOPHER C
2958 1ST AVENUE NORTH
ST PETERSBURG, FL 33713 US
10225 ULMERTON RD
2
LARGO, FL 33771 US

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: KENNETH ARESENAULT 08/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: WALKER, JOEL Name: IRESON, SAM B

Address: 2680 ANCHOR WATCH DRIVE Address: 17717 WALL CIRCLE

City-St-Zip: WADMALAW ISLAND, SC 29487 City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete Title: D (X) Change () Addition

Name: SANDERS, CHRISTOPHER C Name: IRESON, FLORENCE A
Address: 2958 1ST AVENUE NORTH Address: 17717 WALL CIRCLE

City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: ST PETERSBURG, FL 33708

Title: STD () Delete Title: D (X) Change () Addition

Name:WALKER, MARY CName:HOLZER, THOMAS HAddress:2680 ANCHOR WATCH DRIVEAddress:2330 PINELLAS POINT DR SCity-St-Zip:WADMALAW ISLAND, FL 29487City-St-Zip:ST PETERSBURG, FL 33712

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: THOMAS HOLZER D 08/19/2008