


**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

50000109

<b>DOCUMENT # N07000006122</b> 1. Entity Name <b>WATER STREET HOTEL CONDOMINIUM ASSOCIATION, INC.</b>				<b>Secretary of State</b> 03-20-2008 90025 017 ****61.25	
Principal Place of Business 17 1/2 AVE. E APALACHICOLA, FL 32320		Mailing Address 17 1/2 AVE. E APALACHICOLA, FL 32320		50000109	
2. Principal Place of Business - No P.O. Box # 329 Water Street		3. Mailing Address PO Box 729		02082008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State Apalachicola, FL		City & State Apalachicola, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip FL 32320		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KELLER, KIM 17 1/2 AVE E APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name Curt Blair Street Address (P.O. Box Number is Not Acceptable) 17 1/2 Avenue E City Apalachicola, FL Zip Code 32320		
9. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D: THOMPSON, JERRY 17 1/2 AVE E APALACHICOLA, FL 32320		Change Addition			
VPTD NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
BLAIR, CURT 17 1/2 AVE E APALACHICOLA, FL 32320		Change Addition			
P NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
THOMPSON, JERRY CONCH DR ST GEORGE ISLAND, FL 32328		Change Addition			
D NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
POPE, TOM 7009 SHRIMP RD KEY WEST, FL 33040		Change Addition			
S NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
KELLER, KIM HIGHWAY 98 EASTPOINT, FL 32328		Change Addition			
Delete		Change Addition			
Delete		Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					