

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006122

FILED
Jan 23, 2009
Secretary of State

Entity Name: WATER STREET HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

329 WATER STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 26-2747466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, CURT
17 1/2 AVE E
APALACHICOLA, FL 32320 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: THOMPSON, JERRY
Address: 17 1/2 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: VPTD () Delete
Name: BLAIR, CURT
Address: 17 1/2 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: P () Delete
Name: THOMPSON, JERRY
Address: CONCH DR
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: D () Delete
Name: POPE, TOM
Address: 7009 SHRIMP RD
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Delete
Name: KELLER, KIM
Address: HIGHWAY 98
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: CURT BLAIR

VPTD

01/23/2009

Electronic Signature of Signing Officer or Director

Date