

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006122

**FILED**  
**Jun 16, 2011**  
**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:**

329 WATER STREET  
APALACHICOLA, FL 32320

**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:**

BLAIR, CURT  
329 WATER STREET  
APALACHICOLA, FL 32320 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:**

06/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, JERRY  
Address: 329 WATER STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: VPTD  
Name: BLAIR, CURT  
Address: 329 WATER STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: P  
Name: THOMPSON, JERRY  
Address: 329 WATER STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: D  
Name: POPE, TOM  
Address: 1015 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

**SIGNATURE:** CURT BLAIR

RA

06/16/2011

Electronic Signature of Signing Officer or Director

Date