FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N13914

(9)

EDWARD H. WHITE II OFFICE CONDOMINIUM ASSOCIATIO N. INC.

Principal Place of Business Mailing Address				T (BONGE) BON 11900 11900 1900 1901 AND 1 01811 01811 01811 01811 61811 01811 1881		Mint dinti didia biba arbi dini dini dini tant
7162 HUNT CLUB LANE 7162 HUNT CLUB LA			Æ			
SEMINOLE FL	: :-	SEMINOLE FL 34646				
					3. Date incorporated or Qualified 03/19/1986	3a. Date of Last Report 04/27/1995
2. Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2182070	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip		intry	Trust Fund Contribution	Added to Fees
Ζιρ 24	25	29	30	iritiy	8. This corporation has liability for i	ntangible tax under s. 199.032,
	9. Name and Address of Currer		1001	<u> </u>	10. Name and Address of New R	
				81 Name		
VINCI, LOUIS J.				82 Street Addir	ress (P.O. Box Number is Not Acceptab	(a)
	NT CLUB LANE			Street Addi	ress (r.o. box Humber is Not Acceptab	ici
	LE FL 34646			83		
				84 City		85 Zip Code
				Oity		FL S Z COUR
					ration submits this statement for the pur	
familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	oa. Such change was author ion 617.0503, Florida Statute	ized by the i	corporation's boa	rd of directors. I hereby accept the appo	omment as registered agent. Fam
SIGNATURE _	Signature, typed or printed name of registered agent	Land title if applicable (f	OTE: Registered	Agent signature require	d when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THILE	PD	□ DELE1E	117	TLE		Change Addition
NAME	VINCI, LOUIS J.		1.2 N	AME		
STREET ADDRESS	7162 HUNT CLUB LANE		135	THEET ADDRESS		
CITY - ST - ZIP	SEMINOLE FL		140	ITY-ST-ZIP		
TITLE	VO	DELETE	21 T	ITLE		Change Addition
NAME	WELCH, GEORGE H. JR.		22 N	AME		
STREET ADDRESS	1411 N. FLAGLER DR. SUITE	4200-8300	235	TREET ADDRESS		
CITY - S* - ZIP	WEST PALM BEACH FL			CITY-ST-ZIP		
TITLE	STD	□DELÉTE	3 1 T			Change Addition
NAME	LIGHT, JAMES M.		32 N			
STREET ADDRESS	2299-9TH AVE. NORTH			TREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL	Decem		CITY - ST - ZIP		Choose Lade
TITLE	DI DNO EDANCIO IDOEDU	DELETE	4.1 T			☐ Change ☐ Addition
NAME	BURNS, FRANCIS JOSEPH			NAME		
STREET ADDRESS	1033-7TH AVE. NORTH		1	TREET ADDRESS		
CITY-S1-ZiP	ST. PETERSBURG FL D	DELETE		ITY-ST-ZIP		Change Addition
TITLE	KULLMAN, GEORGE			1		El cuande El vadition
NAME REVERT LINGUISES	501-11TH ST. NORTH			IAME		
STREET ADDRESS	ST. PETERSBURG FL			TREET ADDRESS		•
CITY-ST-ZIP TITLE	OF TETETIODONOTE	DELETE		ITLE		☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS				TREET ADDRESS		
CHY-ST-ZIP				CITY-ST-ZIP		
OUT-31-21P			641	111-21-20°	,	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, opin an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 813-398-50

CR2E037 (12/95