

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13914 (9)
1. Corporation Name
**EDWARD H. WHITE II OFFICE CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business Mailing Address
**7162 HUNT CLUB LANE
SEMINOLE FL 33776
US** **7162 HUNT CLUB LANE
SEMINOLE FL 34646**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 03/19/1986	4. FEI Number 59-2182070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
VINCI, LOUIS J.
7162 HUNT CLUB LANE
SEMINOLE FL 34646 33776

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VINCI, LOUIS J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7162 HUNT CLUB LANE	1.2 NAME	
STREET ADDRESS	SEMINOLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WELCH, GEORGE H. JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1411 N. FLAGLER DR. SUITE 4200-8300	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD LIGHT, JAMES M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2299-9TH AVE. NORTH	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BURNS, FRANCIS JOSEPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1033-7TH AVE. NORTH	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KULLMAN, GEORGE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	501-11TH ST. NORTH	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:  **LOUIS J. VINCI** **4/13/98** **813-398-5666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0054183**

CR2E037 (10/97)