


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90299 040 \*\*\*\*61.25

0065966

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N13914**

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 21 526 Central Ave. Suite, Apt. #, etc. 22 Suite 200 City & State 23 St. Petersburg, FL Zip 24 33701	2a. Mailing Address 26 526 Central Avenue Suite, Apt. #, etc. 27 Suite 200 City & State 28 St. Petersburg, FL Zip 29 33701 Country 25 U.S.	3. Date Incorporated or Qualified 03/19/1986 4. FEI Number 59-2182070 Applied For 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
--	---	--

9. Name and Address of Current Registered Agent

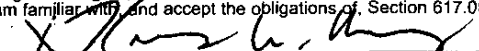
VINCI, LOUIS J.  
7162 HUNT CLUB LANE  
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name  
Kenneth W. Heretick, As Receiver  
82 Street Address (P.O. Box Number is Not Acceptable)  
526 Central Avenue, Suite 200  
83  
84 City  
St. Petersburg FL 85 Zip Code  
33701

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.

Kenneth W. Heretick, Receiver

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Receiver <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCI, LOUIS J.	1.2 NAME	Kenneth W. Heretick
STREET ADDRESS	7162 HUNT CLUB LANE	1.3 STREET ADDRESS	526 Central Avenue, Suite 200
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, GEORGE H. JR.	2.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR. SUITE 4200-8300	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, JAMES M.	3.2 NAME	
STREET ADDRESS	2299-9TH AVE. NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, FRANCIS JOSEPH	4.2 NAME	
STREET ADDRESS	1033-7TH AVE. NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULLMAN, GEORGE	5.2 NAME	
STREET ADDRESS	501-11TH ST. NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

  
SIGNATURE REQUIRED

Kenneth W. Heretick, Receiver

727-823-1230

Date

Daytime Phone #

CR2E037 (11/98)