2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N23009

1. Entity Name
THE WHISTLER CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
P O BOX 6727 P O BOX 67274 JACKSONVILLE, FL 32236 US	P O BOX 6727 P O BOX 67274 JACKSONVILLE, FL 32236 US

04152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2895041 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAFF, ALLISON
2952B PARK ST
JACKSONVILLE, FL 32205

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BEVERLY, PATRICIA
STREET ADDRESS	2954 A PARK ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TD
NAME	VELEZ, LOUIS & CAROLE
STREET ADDRESS	2954 B. PARK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	PD
NAME	GRAF, ALISON
STREET ADDRESS	2952 B PARK ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VP
NAME	STEUART, ROBERT A
STREET ADDRESS	2952 A PARK ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80025-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carole W. Velez Carole W. Velez 4/17/06 904-388-918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer