

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
Feb 03 1998 8:00am  
Secretary of State

DOCUMENT # **N23269 (6)**  
1. Corporation Name  
**WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business                                   | Mailing Address   |
| 3191 SW 14TH PLACE<br>BAY #16<br>BOYNTON BEACH FL 33426<br>US | 660 W LINTON BLVD<br>SUITE 202<br>DELRAY BEACH FL 33444<br>US |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | <b>11/02/1987</b>  |
| 4. FEI Number   | <b>65-0011792</b>  |
| 5. Certificate of Status Desired  | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> <b>\$5.00</b> 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 type="checkbox"/> No       |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| 24                             | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

**9. Name and Address of Current Registered Agent**

GOUVERT, DOLORES  
660 W LINTON BLVD  
SUITE 202  
DELRAY BEACH FL 33444

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

|       |   |  |
|-------|---|--|
| TITLE | PD<br>LEWIS, MICHAEL<br>4601 S COBB DR<br>SMYRNA GA               | <input checked="" type="checkbox"/> DELETE |
| TITLE | VPD<br>JUDSON, JONES<br>5929 N OCEAN AVE<br>OCEAN RIDGE           | <input checked="" type="checkbox"/> DELETE |
| TITLE | T<br>LODOLCE, CHARLES J<br>4740 S OCEAN BLVD<br>HIGHLAND BEACH FL | <input type="checkbox"/> DELETE            |
| TITLE | D<br>SHORTLEU, JAMES<br>P.O. BOX 3432<br>BOYNTON BEACH FL         | <input checked="" type="checkbox"/> DELETE |
| TITLE |   | <input type="checkbox"/> DELETE            |
| TITLE |   | <input type="checkbox"/> DELETE            |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                        |  |
|--------------------|------------------------|--|
| 1.1 TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ANTHONY BRUNO          |  |
| 1.3 STREET ADDRESS | 3191 SW 14TH PL BAY 13 |  |
| 1.4 CITY-ST-ZIP    | BOYNTON BCH, FL 33426  |  |
| 2.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                        |  |
| 2.3 STREET ADDRESS |                        |  |
| 2.4 CITY-ST-ZIP    |                        |  |
| 3.1 TITLE          | SD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | LODOLCE, CHARLES J.    |  |
| 3.3 STREET ADDRESS | 4740 S OCEAN BLVD      |  |
| 3.4 CITY-ST-ZIP    | HIGHLAND BCH, FL 33481 |  |
| 4.1 TITLE          | TD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | JOHN PELUSO            |  |
| 4.3 STREET ADDRESS | 3191 SW 14TH PL BAY 15 |  |
| 4.4 CITY-ST-ZIP    | BOYNTON BCH, FL 33426  |  |
| 5.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                        |  |
| 5.3 STREET ADDRESS |                        |  |
| 5.4 CITY-ST-ZIP    |                        |  |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                        |  |
| 6.3 STREET ADDRESS |                        |  |
| 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: Charles J. Lodolce **REQUIRED** 11/9/98 JB-278-3660

CR2E037 (10/97)