2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N23891

PORT ST. LUCIE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

1055 S.E. HOLBROOK COURT

PORT ST. LUCIE, FL 34952

1055 S.E. HOLBROOK COURT

PORT ST. LUCIE, FL 34952



01142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0038870	Applied For Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANTHEY, EVELYN 1055 S.E. HOLBROOK COURT UNIT 5

PORT ST. LUCIE, FL. 34952

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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 ramiliar with, and accept the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title if ap	DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.	· _	\$5.00 May Be Added to Fees	000000590955 01/19/07-80004-006 61.25		
10.	OFFICERS AND DIRECTO	DRS		*	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTHEY, EVELYN 1055 S.E. HOLBROOK COURT, UNIT 5 PORT ST. LUCIE, FL 34952						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTHEY, WILLIAM 1055 S.E. HOLBROOK COURT PORT ST. LUCIE, FL 34952						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOHENDORF, RICHARD 1055 S.E. HOLBROOK COURT PORT ST. LUCIE, FL 34952			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. hereby	certify that the information supplied with this filing	does not qualify for the exemp	tions cor	ntained in Chapter 11	9, 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 out; that I am an office or director of the corporation or the receiver or trustee empowered to execute his 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.

OFFICER OR DIRECTOR