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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N44293** (1)

1. Corporation Name

**245 MAGNOLIA OFFICES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901**

**400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901**



3. Date Incorporated or Qualified

**07/15/1991**

3a. Date of Last Report

**01/30/1995**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHITAKER, JAMES B.  
400 EAST SHERIDAN ROAD  
MELBOURNE FL 57242-1724**

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

TITLE ☐ DELETE

NAME **SD  
WATERS, BARNEY**  
STREET ADDRESS **177 MARLIN DRIVE**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME **PD  
WHITAKER, JAMES B.**  
STREET ADDRESS **400 E. SHERIDAN ROAD**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **VTD  
FELDMAN, DAVID L.**  
STREET ADDRESS **400 EAST SHERIDAN ROAD**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James B. Whitaker, President**

1/16/96

Date

407/984-4900

Daytime Phone #

CR2E037 (12/95)