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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44293

1. Corporation Name

245 MAGNOLIA OFFICES CONDOMINIUM ASSOCIATION, IN  
C.

Principal Place of Business  
400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901

Mailing Address  
400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
07/15/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITAKER, JAMES B.  
400 EAST SHERIDAN ROAD  
MELBOURNE FL 32901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Add

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

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Add

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

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Add

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James B. Whitaker 1/4/99 (407) 984-4900