

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2006  
Secretary of State**

DOCUMENT# N04000009230

Entity Name: 419 WILLIAM STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

515 N FLAGLER DR 6 FLOOR  
W PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

515 N FLAGLER DR 6 FLOOR  
W PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 27-0106839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANIELS, STEVEN L  
515 N FLAGLER DR 6 FLOOR  
W PALM BEACH, FL 33401      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GIACUMBO, GENE  
Address: 705 ASHE ST  
City-St-Zip: KEY WEST, FL 33040

Title: DVS ( ) Delete  
Name: SUBLETT, RANDOLPH  
Address: 705 ASHE ST  
City-St-Zip: KEY WEST, FL 33040

Title: DT ( ) Delete  
Name: AYERS, DEBRA L  
Address: 24 JADE DR #2  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GIACUMBO, GENE  
Address: 3720 PAULA AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: DVS (X) Change ( ) Addition  
Name: SUBLETT, RANDOLPH  
Address: 3720 PAULA AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: DT (X) Change ( ) Addition  
Name: AYERS, DEBRA L  
Address: 3720 PAULA AVE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DO

01/16/2006

\_\_\_\_\_  
Date