

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90252 046 ****61.25

DOCUMENT # N00000000155	
1. Entity Name WHITEHALL NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST PETERSBURG, FL 33702	Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02252008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3635852	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMPART PROPERTIES, INC 9887 FOURTH STREET NORTH SUITE 301 ST PETERSBURG, FL 33702		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, MARK			NAME	Wilson, mark		
STREET ADDRESS	9887 FOURTH STREET NORTH #301			STREET ADDRESS	16338 Burnish Dr		
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	Tampa, FL 33647		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELAM, KATHY			NAME	Elam, Kathy		
STREET ADDRESS	9887 FOURTH STREET NORTH #301			STREET ADDRESS	5014 Givendale Lane		
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	Tampa, FL 33647		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'HARA, DEBI			NAME	O'Hara, Debi		
STREET ADDRESS	9887 FOURTH STREET NORTH #301			STREET ADDRESS	5016 Givendale Lane		
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	Tampa, FL 33647		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KARPAN, JANET			NAME	Bilky, William		
STREET ADDRESS	9887 FOURTH STREET NORTH #301			STREET ADDRESS	5008 Waydala Lane		
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	Tampa, FL 33647		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCAHAN, JANET			NAME	Darrach, Linda		
STREET ADDRESS	9887 FOURTH STREET NORTH #301			STREET ADDRESS	5018 Givendale Lane		
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP	Tampa, FL 33647		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy M. Elam Date 4/22/08 Daytime Phone # 813-928-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR