


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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3635852	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPART PROPERTIES, INC 9887 FOURTH STREET NORTH SUITE 301 ST PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARK 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wilson, Mark 1638 Burnside Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELAM, KATHY 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Elam, Kathy 5014 Givendale Lane Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'HARA, DEBI 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'Hara, Debi 5016 Givendale Lane Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARPAN, JANET 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bilkey, William 5008 Weydale Lane Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHAN, JANET 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Darrach, Linda 5018 Givendale Lane Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>Kathy M. Elam</u> 4/22/08 813-928-9595					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					