

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 040 ****61.25

DOCUMENT # N02000007131 1. Entity Name WHITNEY MEADOWS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 8252 47TH STREET CIR E PALMETTO, FL 34221			Mailing Address 8252 47TH STREET CIR E PALMETTO, FL 34221		
2. Principal Place of Business 8271-47th St Cir E		3. Mailing Address 8271-47th St Cir E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palmetto FL		City & State PALMETTO FL		4. FEI Number 65-1182382	
Zip 34221		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, JAMES A 8319 47TH STREET CIR E PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name <u>LYNN Witmer</u> Street Address (P.O. Box Number is Not Acceptable) <u>8271- 47th Street Circle East</u> City <u>PALMETTO</u> <u>FL</u> Zip Code <u>34221</u>		
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 <u>Lynn Witmer S/T</u> <u>Lynn Witmer</u> <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P WRIGHT, G. PATRICK 8252 470 STREET CIR E PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONDA CHAMBERS 8344- 47th St Circle East PALMETTO FL 34221	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TENORIO, GERRY E 8310 47TH STREET CIR E PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN Carbery 8260- 47th St. Circle EAST PALMETTO FL 34221	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, JAMES A 8319 47TH STREET CIR E PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT LYNN Witmer 8271- 47th Street Circle EAST PALMETTO FL 34221	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, SANDRA E 8385 47TH STREET CIR E PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD MATTES 8267-47th Street Circle East PALMETTO FL 34221	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, MARVIN 8263 47TH STREET CIR E PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Lynn P Witmer</u> <u>Lynn P. Witmer</u> <u>4/23/06</u> <u>941-723-8431</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					