# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 8:00 am**
**Secretary of State**
05-01-2006 90475 047 ****61.25

DOCUMENT # N07294

1. Entity Name
WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.

J00017304

| Principal Place of Business | Mailing Address |
|---|---|
| 2989 BENT PINE DR<br>FT PIERCE, FL 34951 US | 835 20TH PLACE<br>VERO BEACH, FL 32960 |

04182006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3240 CARDINAL DR. | 3240 CARDINAL DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: VERO BEACH, FL | City & State: VERO BEACH, FL |
| Zip: 32963 Country: US | Zip: 32963 Country: US |

4. FEI Number: 65-0403952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CURRY, JAMES T<br>2989 BENT PINE DR<br>FT PIERCE, FL 34951 | Name: MICHELLE TURNER<br>Street Address (P.O. Box Number is Not Acceptable): 3240 CARDINAL DR.<br>City: VERO BEACH FL Zip Code: 32963 |

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | SD<br>WEAVER, IVAN<br>3009 BENT PINE DR<br>FT PIERCE, FL 34951 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DiBARTOLOMEO, JEFFREY<br>2961 BENT PINE DRIVE<br>FORT PIERCE, FL 34951 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CURRY, JAMES<br>2989 BENT PINE DR<br>FT PIERCE, FL 34951 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>EWAN, MARGARET<br>3005 BENT PINE DR.<br>FORT PIERCE, FL 34951 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>SHUNK, ROBERT<br>2973 BENT PINE DR<br>FT PIERCE, FL 34951 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NASH, PHIL<br>2947 BENT PINE DR.<br>FORT PIERCE, FL 34951 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LAWRENCE, REGGIE<br>2999 BENT PINE DR<br>FT PIERCE, FL 34951 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIDWELL, TOM<br>2949 BENT PINE DR<br>FT PIERCE, FL 34951 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** James T. Curry JAMES T CURRY 04/23/06 772 466-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #