

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90006 012 ****61.25

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DOCUMENT # N07294 1. Entity Name WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.					
Principal Place of Business 3240 CARDINAL DR. VERO BEACH, FL 32963 US			Mailing Address 3240 CARDINAL DR. VERO BEACH, FL 32963 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0403952	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent TURNER, MICHELLE 3240 CARDINAL DR. VERO BEACH, FL 32963	
City & State		City & State		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 _____ 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, 2007		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	VP DIBARTOLOMEIO, JEFFREY 2961 BENT PINE DRIVE FORT PIERCE, FL 34951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEAVER, IVAN 3009 BENT PINE DR. FT. PIERCE, FL 34951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EWAN, MARGARET 30014 BENT PINE RD FORT PIERCE, FL 34951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTTO, JOHN 2957 BENT PINE DR. FT. PIERCE, FL 34951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, PHIL 2947 BENT PINE DR FORT PIERCE, FL 34951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM 2985 BENT PINE DR. FT. PIERCE, FL 34951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAWRENCE, REGGIE 2999 BENT PINE DR FT PIERCE, FL 34951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, MIREILLE 2999 BENT PINE DR. FT. PIERCE, FL 34951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDWELL, TOM 2949 BENT PINE DR 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: <i>Ivan W. Weaver</i> President (772) 332-2636 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
IVAN W. WEAVER PRESIDENT					