2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90145 028 ****61.25

DOCUMENT # N07294

1. Entity Name
WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3240 CARDINAL DR.~~ ~~VERO BEACH, FL 32963~~ US	3240 CARDINAL DR VERO ~~BEACH, FL 32~~963 US

02272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4007 N A1A	4007 N A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. PIERCE, FL	City & State: FT. PIERCE, FL
Zip: 34949 Country: US	Zip: 34949 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

TURNER, MICHELLE
3240 CARDINAL DR.
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name: MICHELLE TURNER
Street Address (P.O. Box Number is Not Acceptable): 4007 N A1A
City: FT PIERCE FL Zip Code: 34949

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: STEVEN SCHLITT 4/9/08
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, 2008

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	P WEAVER, IVAN 3009 BENT PINE DR. FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTTO, JOHN 2957 BENT PINE DR. FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, WILLIAM 2985 BENT PINE DR. FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, MIRREILLE 2999 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: Ivan W Weaver 4/23/08 772-332-2636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #