

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2005
Secretary of State**

DOCUMENT# N94000000657

Entity Name: THE ESTATES AT WHITE TROUT LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3299245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPAHN, CINDY
Address: 2835 SAFE HARBOR DR.
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: COX, SUSAN
Address: 9708 HIDDEN COVE CT
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: MUNOZ, GILBERT
Address: 9705 STILLWATER CT.
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: STONEHAM, JUDY
Address: 2818 SAFE HARBOR DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DIAZ, LEO
Address: 9704 HIDDEN COVE CT.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: DIAZ, LEO
Address: 9703 HIDDEN COVE CT
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COX, SUSAN
Address: 9708 HIDDEN COVE CT
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: CACCITORE, MARK
Address: 9711 HIDDEN COVE CT
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY SPAHN

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date