

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002758 (0)

1. Corporation Name

WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

5005 SEAGRASS DR.
VENICE FL 34293

Mailing Address

899 WOODBRIDGE DR.
VENICE FL 34293

3. Date Incorporated or Qualified
06/02/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4441 Springdale Cir

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Venice, FL

28 City & State

24 Zip

34293

25 Country

Sakazota

29 Zip

30 Country

4. FEI Number

65-0573968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name Jessica Douglass - AMI

82 Street Address (P.O. Box Number is Not Acceptable) 899 Woodbridge Dr.

84 City Venice

FL

85 Zip Code 34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jessica Douglass - Agent (AMI) Jemma Douglass 5-1096

Signature, typed or printed name of registered agent and firm (if applicable)

NOTE: Registered Agent signature required when translating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OPT
BISHOP, BRAD
12077 S.W. KINGSWAY CIRCLE
VENICE FL 34293

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPSD
DELANEY, ALEXANDRA
825 HARBOR DRIVE SOUTH
VENICE FL 34285

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STRAZIS, PHILLIP
5005 SEAGRASS
VENICE FL 34293

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President PT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Secretary/Treasurer ST ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)