

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90003 045 ****61.25

DOCUMENT # 724472 1. Entity Name THE WHITEHALL OF NAPLES, INC.					
Principal Place of Business 1255 GULF SHORE BLVD. NO. NAPLES, FL 34102			Mailing Address 1255 GULF SHORE BLVD. NO. NAPLES, FL 34102 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1510687	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLING, PEGGY B. 1255 GULF SHORE BLVD NAPLES, FL NAPLES, FL 34102				Name BARBARA W. MOORE Street Address (P.O. Box Number is Not Acceptable) 1255 GULF SHORE BLVD. N. Nap City Naples FL Zip Code 34102	
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: <i>Barbara W. Moore</i> 16 February 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE PD	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEMMER, CARL		NAME	NORDLUND, DON	
STREET ADDRESS	1255 GULF SHORE BLVD N		STREET ADDRESS	1255 GULF SHORE BLVD N.	
CITY-ST-ZIP	NAPLES, FL 00000,		CITY-ST-ZIP	Naples FL 34102	
TITLE	SD	<input type="checkbox"/> Delete	TITLE TD	TREASURER DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CHARLES F. MRS.		NAME	GRUMHANS, DAVID	
STREET ADDRESS	1255 GULF SHORE BLVD N		STREET ADDRESS	1255 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL 00000,		CITY-ST-ZIP	Naples FL 34102	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLING, PEGGY		NAME	LOWERY, BILL	
STREET ADDRESS	1285 GULF SHORE BLVD. N.		STREET ADDRESS	1255 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL 00000,		CITY-ST-ZIP	Naples FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BARRY D		NAME	SAMPSON, JEAN	
STREET ADDRESS	1255 GULF SHORE BLVD N		STREET ADDRESS	1255 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples FL 34102	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDLUND, DON		NAME		
STREET ADDRESS	1255 GULF SHORE BLVD N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Barbara W. Moore</i> 16 February 04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					