

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 006 \*\*\*\*61.25

<b>DOCUMENT # N94000002758</b>					
<b>1. Entity Name</b> WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 153 CENTER RD VENICE, FL 34285			<b>Mailing Address</b> C/O ARGUS MANGEMENT, INC 153 CENTER ROAD VENICE, FL 34285 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 181 Center Rd		<b>3. Mailing Address</b> 181 Center Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Venice, FL		<b>City &amp; State</b> Venice, FL		<b>4. FEI Number</b> 65-0573968	
<b>Zip</b> 34285		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARGUS MANAGEMENT OF VENICE, INIC. 153 CENTER ROAD VENICE, FL 34285			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
181 Center Rd			City Venice FL Zip Code 34285		
<b>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.</b>					
SIGNATURE: <u>SHAUN O'GRADY CAM</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> EBELING, ROGER <b>STREET ADDRESS</b> 5091 SEAGRESS DR. <b>CITY-ST-ZIP</b> VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> BEHM, EDWARD <b>STREET ADDRESS</b> 5065, SEAGRESS DR. <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> BEHM, EDWARD <b>STREET ADDRESS</b> 5065 SEAGRESS DR <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> REICHERT, SAN <b>STREET ADDRESS</b> 5034 SEAGRESS DR <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WILEMA, GEORGE <b>STREET ADDRESS</b> 5087 WINTER ROSE WAY <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> WILEMAN, GEORGE <b>STREET ADDRESS</b> 5087 WINTER ROSE WAY <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SOLOMOW, BUCK <b>STREET ADDRESS</b> 5014 SEAGRESS <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DAENZER, GERALD <b>STREET ADDRESS</b> 5043 WINTER ROSE WAY <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SMOLOW, BUCK <b>STREET ADDRESS</b> 5014 SEAGRESS DR <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ROBBINS, JACK <b>STREET ADDRESS</b> 5008 SEAGRESS DR <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>George Wilma</u> 2/28/07					