

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012505

FILED
Apr 12, 2007
Secretary of State

Entity Name: WHITTINGTON COURT TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

509 SOUTH HYDE PARK AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

509 S HYDE PARK AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-8800660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RANDELL M ESQ.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: MORRIS, J MICHAEL
Address: 509 S. HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: SEIDENBERG, DAVID G
Address: 509 S HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

Title: STD () Delete
Name: ANGELILLI, ERNIE L III
Address: 509 S HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: FERRELL, JOHN
Address: 509 S HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: HOWARD, BRIGITTE
Address: 509 S HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: J. MICHAEL MORRIS

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date