


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 042 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SAMPSON, JEAN 1255 GULF SHORE BOULEVARD NORTH NAPLES FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 VP NAME NORDLUND, DON STREET ADDRESS 1255 GULF SHORE BLVD N CITY - ST - ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MOORE, CHARLES F. MRS. STREET ADDRESS 1255 GULF SHORE BLVD N CITY - ST - ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE TREASURER NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GRUMHAUS, DAVID STREET ADDRESS 1255 GULF SHORE BLVD N CITY - ST - ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOWERY-BILT STREET ADDRESS 1255 GULF SHORE BLVD N CITY - ST - ZIP NAPLES FL 34102	<input checked="" type="checkbox"/> Delete	TITLE L. BATES LEA NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME SAMPSON, JEAN STREET ADDRESS 1255 GULF SHORE BLVD N. CITY - ST - ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: **JEAN SAMPSON** **April 9, 2007** **239-262-1766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #