

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90020 043 ****61.25

DOCUMENT # N94000002758					
1. Entity Name WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 181 CENTER RD VENICE, FL 34285			Mailing Address 181 CENTER RD VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0573968	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 181 CENTER RD VENICE, FL 34285			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)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VPD NAME REICHERT, JAN STREET ADDRESS 5034 SEAGRASS DR CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Clark Hubbard STREET ADDRESS 5003 Seagrass Dr CITY-ST-ZIP Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BEHM, EDWARD STREET ADDRESS 5065 SEAGRASS DR CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME WILEMA, GEORGE STREET ADDRESS 5087 WINTER ROSE WAY CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE T NAME Robert Goss STREET ADDRESS 5084 Winter Rose Way CITY-ST-ZIP Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SOLOMOW, BUCK STREET ADDRESS 5014 SEAGRASS CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE D NAME James Yakovakis STREET ADDRESS 5082 Seagrass Dr CITY-ST-ZIP Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAENZER, GERALD STREET ADDRESS 5043 WINTER ROSE WAY CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE S NAME Gerald Daenger STREET ADDRESS 5043 Winter Rose Way CITY-ST-ZIP Venice FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROBBINS, JACK STREET ADDRESS 5008 SEAGRASS DR CITY-ST-ZIP VENICE, FL 34293	<input checked="" 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 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.					
SIGNATURE:			2-9-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		