### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400002758

Entity Name: WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.

**FILED** Mar 10, 2015 **Secretary of State** CC1813611860

## **Current Principal Place of Business:**

16 CHURCH STREET OSPREY, FL 34229

# **Current Mailing Address:**

16 CHURCH STREET OSPREY, FL 34229 US

FEI Number: 65-0573968 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LOBECK, P.A., DAN 2033 MAIN STREET STE. 403 SARASOTA, FL 34237 US

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: DAN LOBECK, P.A. 03/10/2015

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

VΡ Title **PRESIDENT** Title

Name MANCUSO, CAROL ANN Name GILLIGAN, DON Address 16 CHURCH STREET Address 16 CHURCH STREET City-State-Zip: OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title **TREASURER** Title **SECRETARY** 

IVES, RON Name Name YAKOVAKIS, JIM Address 16 CHURCH STREET Address 16 CHURCH STREET OSPREY FL 34285 City-State-Zip:

City-State-Zip: OSPREY FL 34229

Title DIRECTOR Title **DIRECTOR** BLANCHET, FRAN Name Name CAMPBELL, BOB Address 16 CHURCH STREET Address 16 CHURCH STREET City-State-Zip: OSPREY FL 34229

Title **DIRECTOR** 

City-State-Zip:

Name HARTMAN, CHARLOTTE Address 16 CHURCH STREET OSPREY FL 34229 City-State-Zip:

OSPREY FL 34229

I hereby 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 all other like empowered.

SIGNATURE: CAROL ANN MANCUSO

**PRESIDENT** 

03/10/2015