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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 384599

(7)

1. Corporation Name

WHITEHAVEN MOBILE COURT, INC.

Principal Place of Business

1090 MILITARY TRAIL
JUPITER FL 33458
US

Mailing Address

BOX-200
JUPITER FL 33468-0200
US



3. Date Incorporated or Qualified

06/28/1971

3a. Date of Last Report

06/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-1362586

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WHITE, ROBERT W.
18880 LOXAHATCHEE RIVER ROAD
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or officer or director, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, ROBERT W.
STREET ADDRESS 18880 LOXAHATCHEE RIVER
CITY-ST-ZIP JUPITER FL

TITLE VTD
NAME WHITE, LORETTA J.
STREET ADDRESS 18880 LOXAHATCHEE RIVER
CITY-ST-ZIP JUPITER FL

TITLE D
NAME WHITE, ROBERT F.
STREET ADDRESS 18880 LOXAHATCHEE RIVER
CITY-ST-ZIP JUPITER FL

TITLE S
NAME MCCLARNON, CAROL J.
STREET ADDRESS 18880 LOXAHATCHEE RIVER
CITY-ST-ZIP JUPITER FL

TITLE D
NAME MCGEE, MARGRET
STREET ADDRESS 18880 LOXAHATCHEE RIVER ROAD
CITY-ST-ZIP JUPITER FL

TITLE D
NAME WHITE, JAMES O
STREET ADDRESS 18880 LOXAHATCHEE RIVER ROAD
CITY-ST-ZIP JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)