## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Aug 25, 2005 08:00 AM Secretary of State **DOCUMENT # 384599** 1. Entity Name WHITEHAVEN MOBILE COURT, NC. Principal Place of Business Mailing Address 1030 MILITARY TRAIL BOX-200 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business \_ 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State Applied For 4. FEI Number 59-1362586 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JUNE Street Address (P.O. Box Number is Not Acceptable) 9121 N MILITARY TR **STE 108** JUPITER FL 33458 Zip Code FI 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S,607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150,00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete HUE Change ☐ Addition WHITE, ROBERT F NAME NAME V000000377007 9121 N MILITARY TRAIL STE 108 STREET ADDRESS STREET ADDRESS 08/25/05-80001-011 550.00 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 1414-51-7P D Title ☐ Delete TITLE ☐ Change ☐ Addition NAME WHITE, JAMES O NAME STREET ADDRESS 9221 MYSTIC COVE TERR STREET ADORESS CITY ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP Milit Deiete His ☐ Change ☐ Addition NAME MCCLARNON, CAROL J. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 315\_ CHTY-ST-2IP OTTO NC 28763 CITY ST-ZIP THLE ☐ Delete THE ☐ Change ☐ Addition MCGEE, MARGRET NAME NAME 956 ALL AMERICAN BLVD STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CHY-\$1-ZIP CHY-ST-ZIP HILLE Delete THEF Change ☐ Addition WHITE, JUNE NAME NAME 9121 N MILITARY TR, STE 108 STREET ADDRESS STREET ADDRESS. PALM BEACH\_GARDENS FL 33410 CJTY-ST-ZIP UTY-ST-ZIP Delete TITLE TOTALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 607, 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

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