

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 37

DOCUMENT # 713861 (3)

1. Corporation Name

WHITNEY BEACH ASSOCIATION INC.

Principal Place of Business

Mailing Address

6812 GULF OF MEXICO DRIVE
PO BOX 527
LONGBOAT KEY FL 34228

6812 GULF OF MEXICO DRIVE
PO BOX 527
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1967

3a. Date of Last Report

03/01/1994

4. FBI Number

59-1261947

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, CHARLES E.
6800 GULF OF MEXICO DRIVE #202
LONGBOAT KEY FL 34228

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

PRICE, CHARLES E.

STREET ADDRESS

6800 GULF OF MEXICO DR

CITY- ST- ZIP

LONGBOAT KEY FL

TITLE

D

NAME

CANTOR, JAMES

STREET ADDRESS

6750 GULF OF MEXICO DRIVE

CITY- ST- ZIP

LONGBOAT KEY FL 34228

TITLE

D

NAME

STROH, MARY L

STREET ADDRESS

6750 GULF OF MEXICO DR., #171

CITY- ST- ZIP

LONGBOAT KEY, FL 0

TITLE

DVP

NAME

STRONG, THELMA

STREET ADDRESS

6750 GULF OF MEDICO DR

CITY- ST- ZIP

LONGBOAT KEY FL 34228

TITLE

OT

NAME

KEMPER, JOHN

STREET ADDRESS

6800 GULF OF MEXICO DR

CITY- ST- ZIP

LONGBOAT KEY, FL 00000

TITLE

D

NAME

HEITLER, FLORENCE

STREET ADDRESS

6700 GULF OF MEXICO DRIVE

CITY- ST- ZIP

LONGBOAT KEY FL 34228

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, 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

E. Charles Price, President

3-3-95 (813) 383-4500

Date

Daytime Phone #