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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34228-0527

3. Date Incorporated or Qualified: **12/29/1967**
3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1261947** ☐ 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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	PRICE, CHARLES E.		1.2 NAME	Kendall, David	
STREET ADDRESS	6800 GULF OF MEXICO DR		1.3 STREET ADDRESS	#136 6700 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	☐ DELETE	2.1 TITLE	Ackerman, Alan Director	☐ Change ☒ Addition
NAME	STRICKLAND, ED DR.		2.2 NAME	#192 6700 Gulf of Mexico Dr.	
STREET ADDRESS	6700 GULF OF MEXICO DRIVE #127		2.3 STREET ADDRESS	Longboat Key, FL 34228	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Ravn, Curt	☐ Change ☒ Addition
NAME	JOHNSON, DON		3.2 NAME	Director	
STREET ADDRESS	6700 GULF OF MEXICO DRIVE #131		3.3 STREET ADDRESS	#122 6700 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	DVPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRONG, THELMA		4.2 NAME		
STREET ADDRESS	6750 GULF OF MEDICO DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAHM, JOHN		5.2 NAME		
STREET ADDRESS	6800 GULF OF MEXICO DRIVE #204		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		5.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARSWELL, PATRICIA		6.2 NAME		
STREET ADDRESS	6700 GULF OF MEXICO DRIVE #132		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E. Price REQUIRED 2/26/97 (941) 383-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062574