

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90079 025 ****61.25

DOCUMENT # 713861

1. Entity Name

WHITNEY BEACH ASSOCIATION INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longboat Key, FL

Zip

Country

34228

Country

USA

4. FEI Number

59-1261947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRICE, E. CHARLES
STREET ADDRESS 6800 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE P/O
NAME Price, E. Charles
STREET ADDRESS 6800 Gulf of Mexico Dr., #202
CITY-ST-ZIP Longboat Key, FL 34228 ☒ Change ☐ Addition

TITLE DT
NAME STRONG, THELMA
STREET ADDRESS 6750 GULF OF MEXICO DRIVE, #147
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VP/IT/D
NAME Strong, Thelma
STREET ADDRESS 6750 Gulf of Mexico Dr. #147
CITY-ST-ZIP Longboat Key, FL 34228 ☒ Change ☐ Addition

TITLE D
NAME SEBOLD, WILLIAM
STREET ADDRESS 6700 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE D
NAME Jones, Nancy
STREET ADDRESS 6700 Gulf of Mexico Dr., #117
CITY-ST-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition

TITLE D
NAME BOYER, BETTYE
STREET ADDRESS 6700 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE D
NAME Stuart, Marion
STREET ADDRESS 6750 Gulf of Mexico Dr., #173
CITY-ST-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition

TITLE D
NAME ACKERMAN, ALAN
STREET ADDRESS 6800 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE D
NAME Haskard, Grace
STREET ADDRESS 6800 Gulf of Mexico Dr., #194
CITY-ST-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition

TITLE D
NAME PRICE, E. CHARLES
STREET ADDRESS 6800 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE D
NAME Lyons, Robert
STREET ADDRESS 6700 Gulf of Mexico Dr., #128
CITY-ST-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition

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. I 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

3-28-01 (941) 383-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)