2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713861

FILED Jun 30, 2005 Secretary of State

Entity Name: WHITNEY BEACH ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	LF OF MEXICO DRIVE AT KEY, FL 34228		
Current Mailing Address:		New Mailing Address:	
P O BOX LONGBO	305 AT KEY, FL 34228		
	r: 59-1261947	Number Not Applic	
Name an	d Address of Current Registered Agent:	Name and A	Address of New Registered Agent:
1820 RIN	ATHEN, CHAD M GLIN BLVD. AT KEY, FL 34228 US		
	e named entity submits this statement for the purpos te of Florida.	e of changing its	s registered office or registered agent, or both,
SIGNATU	IRE:		
	Electronic Signature of Registered Agent		Date
OFFICER	RS AND DIRECTORS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete LYONS, ROBERT 6700 GULF OF MEXICO DR., #128 LONGBOAT KEY, FL 34228	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () Delete ROSENSWEET, MARTIN 6750 GULF OF MEXICO DR., #160 LONGBOAT KEY, FL 34228	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete JONES, NANCY 6700 GULF OF MEXICO DR #117 LONGBOAT KEY, FL 34228	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete BOYER, BETTYE 6700 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () Delete MOTT, RICHARD 6750 GULF OF MEXICO DR., #156 LONGBOAT KEY, FL 34228	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	SD () Delete METZ, RAYMOND W 6700 GULF OF MEXICO DR., #114	Title: Name: Address:	D (X) Change () Addition BLUME, NEIL 6750 GULF OF MEXICO DR., #163

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LYONS PD 06/30/2005