


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90085 001 ***122.50

DOCUMENT # 720669 1. Entity Name WHITNEY BEACH CONSERVANCY, INC.					
Principal Place of Business 6812 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228			Mailing Address PO BOX 305 LONGBOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1362198	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARD HEILMAN 6700 GULF OF MEXICO DR #112 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name: <u>Richard C. Mott</u> Street Address (P.O. Box Number is Not Acceptable) <u>6750 Gulf of Mexico Dr., #159</u> City: <u>Longboat Key</u> FL Zip Code: <u>34228</u>	
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 familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Richard C. Mott</u> <u>Richard C. Mott</u> <u>2-26-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDFORD, JOHN 6701 GULF OF MEXICO DR., #327 LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mott, Richard 6750 Gulf of Mexico Dr., #159 Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDFORD, BARBARA J 6701 GULF OF MEXICO DR. #327 LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gorham, Jean 6701 Gulf of Mexico Dr., #303 Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEILMAN, RICHARD 6700 GULF OF MEXICO DR #112 LONGBOAT KEY, FL 34228		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIN, JOHN 6700 GULF OF MEXICO DR., #141 LONGBOAT KEY, FL 34228		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELEGHER, GEORGE 6750 GULF OF MEXICO DR, UNIT 158 LONGBOAT KEY, FL 34228		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, ROBERT G 6700 GULF OF MEXICO DR, #128 LONGBOAT KEY, FL 34228		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard C. Mott</u> <u>Richard C. Mott, President</u> <u>(941)383-4500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					