

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 022 ****61.25

DOCUMENT # 724472 1. Entity Name THE WHITEHALL OF NAPLES, INC.					
Principal Place of Business 1255 GULF SHORE BLVD. NO. NAPLES, FL 34102			Mailing Address 1255 GULF SHORE BLVD. NO. NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box # SAME AS ABOVE		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1510687	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMPSON, JEAN 1255 GULF SHORE BOULEVARD NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE FEB 4, 2008 <small>(NOTE: Registered Agent signature required when reappointing)</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	VP NORDLUND, DON 1255 GULF SHORE BLVD N NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, CHARLES F. MRS. 1255 GULF SHORE BLVD N NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUMHAUS, DAVID 1255 GULF SHORE BLVD N NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES, LEA 1255 GULF SHORE BLVD N NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMPSON, JEAN 1255 GULF SHORE BLVD N. NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/4/08 239-262-1766 <small>Daytime Phone #</small>	