2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90144 021 ****61.25

DOCUMENT # 749500 1. Entity Name WHITEHOUSE CONDOMINIUM, INC.						05-04-2005	5 901 44 021	****6	1.25
Principal Place of Business 309 CROCUS TR HOLLYWOOD, FL 33020 Mailing Address 309 CROCUS TR HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020					1 HEUR (EB II D) EI A				(11 1) 11 12 13 14 15 15 15 15 15 15 15
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 _C	hg-NP	CR2E037 (1	10/03)		
City & State		City & State		4. FEI Number 59-199279	97			pplied For at Applicable	
Žip	Country .	Zip	Count	try	5. Certificate of St	tatus Desired		75 Add Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	iress of New I	Registered Agen	ıt	
FIALKOWSKI, TRACY				Name					
1429 VAN BUREN STREET HOLLYWOOD, FL 33020				Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	r the purpose of changing it	s registered	office or regist	ered agent, or both, in	the State of Fi	lorida. I am famili	iar with,	and accept
SIGNATURE									
	Classical based or newlad compact reportered access		TE Boolesorari A						
· -	Signature, typed or printed name of registered agent a			Agent signature requir			DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca		ancing _	\$5.00 May Be Added to Fees		Make check pay		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Ca Trust Fund	ımpaign Fina	nancing	\$5.00 May Be Added to Fees	Flo	Make check pay rida Departmei ERS AND DIRECT	nt of St	tate
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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR 954-349-8777 Daytime Prone • SIGNATURE: _