

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749500

FILED
Apr 28, 2009
Secretary of State

Entity Name: WHITEHOUSE CONDOMINIUM, INC.

Current Principal Place of Business:

309 CROCUS TR
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

C/O 1429VAN BUREN ST.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-1992797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIALKOWSKI, TRACY
1429 VAN BUREN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: FIALKOWSKI, TRACY
Address: 1429 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD () Delete
Name: BELL, JAN
Address: 390 SW 54 AVE.
City-St-Zip: PLANTATION, FL 33317

Title: PD () Delete
Name: CREPEAU, DON
Address: 3900 N HILLS DR., #114
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRACY FIALKOWSKI

S/T

04/28/2009

Electronic Signature of Signing Officer or Director

Date