

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 046 \*\*\*\*61.25

**DOCUMENT # 753886**

1. Entity Name  
**WHITECAPS SOUTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O ISLAND MANAGEMENT GROUP  
P.O. BOX 100  
SANIBEL, FL 33957 US**

Mailing Address  
**C/O ISLAND MANAGEMENT GROUP  
P.O. BOX 100  
SANIBEL, FL 33957 US**

**40080280**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2212934**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACKESY, STEVEN J  
ISLAND MANAGEMENT GROUP  
PO BOX 100/703 TARPON BAY RD  
SANIBEL, FL 33957**

*711 TARPON BAY ROAD*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **VD** ☐ Delete  
NAME **HOFFMAN, MICHAEL**  
STREET ADDRESS **2877 WEST GULF DR #9**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE **TO** ☒ Change ☐ Addition  
NAME **Hoffman, Michael**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **TD** ☐ Delete  
NAME **GROSS, RICHARD**  
STREET ADDRESS **2877 WEST GULF DR #3**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE **SO** ☒ Change ☐ Addition  
NAME **Gross, Richard**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **PD** ☐ Delete  
NAME **KRETER, STEPHEN**  
STREET ADDRESS **2877 WEST GULF DR #2**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **D** ☐ Delete  
NAME **BROSCART, MICHAEL**  
STREET ADDRESS **2877 WEST GULF DR #1**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **VD** ☐ Delete  
NAME **FORWARD, JIMI**  
STREET ADDRESS **2877 W GULF DRIVE #4**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **SD** ☐ Delete  
NAME **FARLEY, MICHAEL**  
STREET ADDRESS **2877 WEST GOLF DRIVE, # 9**  
CITY- ST- ZIP **SANIBEL, FL 33957**

TITLE **Farley, Michael** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/1/08 2394725020*