

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754087

FILED
Mar 19, 2009
Secretary of State

Entity Name: WHITEWAY TERRACE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14813 TURNER ROAD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14813 TURNER ROAD
TAMPA, FL 33624

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELBIG, DENISE
14813 TURNER ROAD
TAMPA, FL 33624 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: PD () Delete
Name: KINNEY, CAROLYN
Address: 5318 E WHITEWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: KINNEY, CAROLYN
Address: 5318 E WHITEWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: BURROWL, RAMONA
Address: 5314 E WHITEWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: SD (X) Delete
Name: MUTUNHU, CHENGETAIT
Address: P.O. BOX 292484
City-St-Zip: TAMPA, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: BURROW, RAMONA
Address: 5314 E WHITEWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: SD (X) Change () Addition
Name: MUTUNHU, CHENGETAIT
Address: P.O. BOX 292484
City-St-Zip: TAMPA, FL 33687

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: CAROLYN KINNEY

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date