

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 043 ****61.25

DOCUMENT # 765026

1. Entity Name
WHITE FENCES PROPERTY OWNERS, INC.



Principal Place of Business
**2950 JOG RD
GREENACRES, FL 33467 US**

Mailing Address
**2950 JOG RD
GREENACRES, FL 33467 US**

40043782



02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2218786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKER, EDWARD A ESQ.
1818 AUSTRALIAN AVE S STE 400
W PALM BCH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WIDEN, LEONARD
STREET ADDRESS 3280 HANOVER CIRCLE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE TD
NAME JACKSON, KIM
STREET ADDRESS 3277 HANOVER CIRCLE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VSD
NAME LAVELL, THOMAS
STREET ADDRESS 3676 DYELLANT RD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

03/10/08
Date

641-1016
Daytime Phone #