2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 765026

Entity Name: WHITE FENCES PROPERTY OWNERS, INC.

Current Principal Place of Business:

2950 JOG RD
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

2950 JOG RD
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 59-2218786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DICKER, EDWARD A ESQ.
1818 AUSTRALIAN AVE SOUTH
SUITE 400
W PALM BCH, FL 33409 US

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: EDWARD A. DICKER 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WIDEN, LEONARD
Address: 3280 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD ( ) Delete
Name: JACKSON, KIM
Address: 3277 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSD ( ) Delete
Name: LAVELL, THOMAS
Address: 3676 DYELLANT RD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: PAYAN, ELIZABETH
Address: 3955 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSD (X) Change ( ) Addition
Name: LAVELL, THOMAS
Address: 3676 DUELLANT ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

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: LEONARD WIDEN PD 04/14/2009
Electronic Signature of Signing Officer or Director Date