

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 045 ****70.00

DOCUMENT # N00478					
1. Entity Name WHITNEY LAKES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 10033 9TH STREET N. 2ND FLOOR ST. PETERSBURG, FL 33716			Mailing Address 10033 9TH STREET N. 2ND FLOOR ST. PETERSBURG, FL 33716		
2. Principal Place of Business <i>Ameri-Tech Realty</i> Suite, Apt. #, etc. <i>1799-B North Belcher</i> City & State <i>Clearwater FL</i> Zip <i>33765</i> Country <i>USA</i>			3. Mailing Address <i>P.O. Box 14357</i> Suite, Apt. #, etc. City & State <i>Clearwater FL</i> Zip <i>33766</i> Country <i>USA</i>		
<div style="text-align: right;">03092006 Chg-NP CR2E037 (11/05)</div> <div style="text-align: center;">  </div>					
4. FEI Number 59-2379035				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN H PA 220 S FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <i>Ameri-Tech Realty, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>Michael G. Perez President</i> <i>1799-B North Belcher Road</i> City <i>Clearwater</i> FL Zip Code <i>33765</i>		
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 <i>Michael G. Perez President 3/14/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, SAM 10033 9TH STREET NORTH 2ND FLOOR SAINT PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sam Evans 1924 Whitney Way Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCNULTY, LEONARD 10033 9TH STREET N ST. PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB FORD, PATRICIA 10033 9 ST N. 2ND FL SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLEOD, DONNA 10033 9TH STREET NORTH 2ND FLOOR SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B OTT, ROSE 10033 9TH ST NORTH 2ND FLOOR ST PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Dattoli 1924 Whitney Way Clearwater, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Sam Evans President 3/14/06 727-536-5209</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					