

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00478

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** WHITNEY LAKES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

AMERI-TECH REALTY  
24701 US HIGHWAY 19 NORTH #102  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14357  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 59-2379035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERI-TECH REALTY INC  
MICHAEL G. PEREZ PRESIDENT  
24701 US HIGHWAY 19 NORTH #102  
CLEARWATER, FL 33763 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  
Name: STOKES, PATRICIA  
Address: 1921 WHITNEY WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD  
Name: DATTOLE, CAROL  
Address: 1924 WHITNEY WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: TD  
Name: ROFFEY, DIANE  
Address: 1911 WHITNEY WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: SD  
Name: ELLIAS, TERRY  
Address: 1901 WHITNEY WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: DIR  
Name: LACAVA, JEFF  
Address: 1903 WHITNEY WAY  
City-St-Zip: CLEARWATER, FL 33760

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA STOKES

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date