

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 029 \*\*\*\*61.25

<b>DOCUMENT # N01000005468</b>					
<b>1. Entity Name</b> WHITE RAVEN ESTATES HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1170 NEVERMORE CR. BARTOW, FL 33830			<b>Mailing Address</b> PO BOX 2181 BARTOW, FL 33831		
<b>2. Principal Place of Business</b> 1240 Nevermore Cir.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bartow FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3735697	
<b>Zip</b> 33830		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARRIS, JAY 1170 NEVERMORE CR. BARTOW, FL 33830			<b>7. Name and Address of New Registered Agent</b> Name: Robert E. Wiegers Street Address (P.O. Box Number is Not Acceptable): 1240 Nevermore Circle City: Bartow FL Zip Code: 33830		
<b>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.</b> SIGNATURE: <u>Robert E. Wiegers President/Director</u> DATE: <u>4/27/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> HARRIS, JAY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President/Director (PD)	<b>NAME</b> Robert E. Wiegers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1170 NEVERMORE CR.	<b>CITY-ST-ZIP</b> BARTOW, FL 33830		<b>STREET ADDRESS</b> 1240 Nevermore Circle	<b>CITY-ST-ZIP</b> Bartow, FL 33830	
<b>TITLE</b> V	<b>NAME</b> CHAMP, MARK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice-President/Director (VD)	<b>NAME</b> Devon Sellers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> PO BOX 531	<b>CITY-ST-ZIP</b> BARTOW, FL 33831		<b>STREET ADDRESS</b> 1940 De la Palma Avenue	<b>CITY-ST-ZIP</b> Bartow, FL 33830	
<b>TITLE</b> DT	<b>NAME</b> CARROLL, RAMONA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice-Treasurer/Director (VT)	<b>NAME</b> David Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1200 NEVERMORE CR.	<b>CITY-ST-ZIP</b> BARTOW, FL 33830		<b>STREET ADDRESS</b> 825 West Meleard Street	<b>CITY-ST-ZIP</b> Bartow, FL 33830	
<b>TITLE</b> DS	<b>NAME</b> MADRID, LARRY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 850 GEORGE ST. E.	<b>CITY-ST-ZIP</b> BARTOW, FL 33830		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Robert E. Wiegers</u>			<b>4/27/05 863534-0100</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		