

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005468

FILED
Mar 20, 2009
Secretary of State

Entity Name: WHITE RAVEN ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1240 NEVERMORE CIRCLE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 2181
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-3735697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIEGERS, ROBERT E
1240 NEVERMORE CIRCLE
BARTOW, FL 33830 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 () Delete
Name: WIEGERS, ROBERT E
Address: 1240 NEVERMORE CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: SELLARS, DEVON
Address: 1990 DE LA PALMA AVE
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: WRIGHT, DAVID
Address: 825 W MCLEOD STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT E. WIEGERS

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date