2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N02000004914

Entity Name: WHITLOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9300 N. 16TH STREET
TAMPA, FL 33612

New Principal Place of Business:

9300 N. 16TH STREET
101
TAMPA, FL 33612

Current Mailing Address:

9300 N. 16TH STREET
TAMPA, FL 33612 US

New Mailing Address:

9300 N. 16TH STREET
101
TAMPA, FL 33612 US

FEI Number: 41-2078841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE VANGUARD MANAGEMENT GROUP
9300 N. 16TH STREET
TAMPA, FL 33612 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: P/D ( ) Delete
Name: MORRIS, CAROL
Address: 31205 SHAKER CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP/D ( ) Delete
Name: JOYNER, JOANN
Address: 30850 PROUT COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S/D ( ) Delete
Name: GENTRY, CLARENCE
Address: 30817 PROUT COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T/D ( ) Delete
Name: HINES, NED
Address: 30825 WHITLOCK DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: DAVIS, ART
Address: 30922 PROUT COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change ( ) Addition
Name: BLACK, PAT
Address: 31438 SHAKERS CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

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 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: JANET WINFIELD AGEN 03/07/2006

Electronic Signature of Signing Officer or Director — Date