

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 008 ****61.25

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DOCUMENT # N02000007131 1. Entity Name WHITNEY MEADOWS COMMUNITY ASSOCIATION, INC.																													
Principal Place of Business 2033 MAIN ST STE 600 SARASOTA, FL 34237			Mailing Address 2033 MAIN ST STE 600 SARASOTA, FL 34237																										
2. Principal Place of Business 8252 47th STREET CIRE Suite, Apt. #, etc.		3. Mailing Address 8252 47th STREET CIRE Suite, Apt. #, etc.		03022005 Chg-NP CR2E037 (10/03)																									
City & State PALMETTO, FL Zip 34221		City & State PALMETTO FL Zip 34221		4. FEI Number 65-1182382																									
Country MANATEE		Country MANATEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MERRILL, WILLIAM W III 2033 MAIN ST STE 600 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name JAMES A. NELSEN Street Address (P.O. Box Number is Not Acceptable) 8319 47th STREET CIRE City PALMETTO FL Zip Code 34221																									
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 <u><i>James A. Nelsen</i></u> Signature typed or printed name of registered agent and title if applicable.				DATE 4/5/05 (NOTE: Registered Agent signature required when reinstating)																									
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 30%; text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>MERRILL, WILLIAM W III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2033 MAIN ST STE 600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34237</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 30%; text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>MEDRED, ROBERT J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6320 TOWER LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34240</td> <td></td> </tr> </table>						TITLE	D	☒ Delete	NAME	MERRILL, WILLIAM W III		STREET ADDRESS	2033 MAIN ST STE 600		CITY-ST-ZIP	SARASOTA, FL 34237		TITLE	D	☒ Delete	NAME	MEDRED, ROBERT J		STREET ADDRESS	6320 TOWER LANE		CITY-ST-ZIP	SARASOTA, FL 34240	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	☐ Change ☒ Addition			
NAME	G PATRICK WRIGHT				
STREET ADDRESS	8252 47 th STREET CIRCLE E				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE	V	☐ Change ☒ Addition			
NAME	GERRY E TENORIO				
STREET ADDRESS	8310 47 th STREET CIRCLE E				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE	T	☐ Change ☒ Addition			
NAME	JAMES A. NELSEN				
STREET ADDRESS	8319 47 th STREET CIRCLE E				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE	S	☐ Change ☒ Addition			
NAME	SANDRA E. FORD				
STREET ADDRESS	8385 47 th STREET CIRCLE E				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE	D	☐ Change ☒ Addition			
NAME	MARVIN CAMPBELL				
STREET ADDRESS	8263 47 th STREET CIRCLE E				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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.

SIGNATURE: *James A. Nelsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
Date

Daytime Phone # _____