2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000008673 FILED WHITE CEDAR GARDENS HOMEOWNERS' 06 JUN 20 AH 10: 56 ASSOCIATION, INC. SCHETARY OF STATE Principal Place of Business Mailing Address 4161 MADURA RD. 4161 MADURA RD. ALLAHASSEE, FLORIDA **GULF BREEZE, FL 32561 GULF BREEZE, FL 32561** 3. Mailing Address 2. Principal Place of Business 3298 Summit Blue 3298 Semm + Blu Suite, Apt. #, etc. Suite, Apt. #, etc. 05082006 Chg-NP CR2E037 (4/06) City & State 4. FT Rhimhar Applied For City & State ACCLA-H 59-3410490 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ESCAM cambia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 0. Ether idu BLANKENSHIP, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 25 WEST GOVERNMENT STREET PENSACOLA, FL 32561 City 32503 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD TITLE ☐ Detete TITLE ☐ Change ☐ Addition GOOCH DOUG NAME NAME **800076717978** 06/29/06--01047--002 **61 STREET ADDRESS 8445 PENSACOLA BLVD. STREET ADDRESS **61.25 PENSACOLA, FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RASMUSSEN, JOHN NAME NAME STREET ADDRESS 8445 PENSACOLA BLVD. STREET ADDRESS PENSACOLA, FL 32534 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition BRANTLEY, DONALD S NAME NAME STREET ADDRESS 4161 MADURA RD. STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attach SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR