2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009743

FILED Mar 13, 2009 Secretary of State

Entity Name: WHITLEY BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

93 DELANNOY AVENUE COCOA, FL 32922

Current Mailing Address: New Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC. 109 LONG POINT RD CAPE CANAVERAL, FL 32920

FEI Number: 33-1038647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RECONCILABLE DIFFERENCES, INC. 109 LONG POINT ROAD CAPE CANAVERAL, FL 32920

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition TAYLOR, JESSE RAMSAY, LARRY Name: Name:

640 SOMMERS HAMMOCK LANE Address: 93 DELANNOY AVE. Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: COCOA, FL 32922

Title: () Delete Title: (X) Change () Addition

MCNALLY, BROCK Name: VERNER, DON Name:

Address: 93 DELANNOY AVENUE #902 Address: 93 DELANNOY AVENUE #805

City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32922

Title: () Delete Title: SD (X) Change () Addition JENSEN, G. THOMAS BOWERS, H. STAN Name: Name:

93 DELANNOY AVENUE #504 93 DELANNOY AVENUE #606 Address: Address:

City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32922

() Delete Title: TP Title: TP (X) Change () Addition

Name: CLARK, TED Name: SHRADER, ROBERT 93 DELANNOY AVENUE #903 93 DELANNOY AVENUE #402

Address: Address:

City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32922

Title: () Delete Title: (X) Change () Addition PERRONE, RALPH SINILNIKOFF, ALEXANDER Name: Name: 93 DELANNOY AVENUE #1002 93 DELANNOY AVENUE #704 Address: Address:

City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32922

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: LARRY RAMSAY PD 03/13/2009