

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009743

FILED  
Apr 03, 2011  
Secretary of State

**Entity Name:** WHITLEY BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

93 DELANNOY AVENUE  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 33-1038647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RECONCILABLE DIFFERENCES, INC.  
109 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920 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: VPD  
Name: RAMSAY, LARRY  
Address: 93 DELANNOY AVE. #1206  
City-St-Zip: COCOA, FL 32922

Title: D  
Name: VERNER, DON  
Address: 93 DELANNOY AVENUE #805  
City-St-Zip: COCOA, FL 32922

Title: PD  
Name: BOWERS, H. STAN  
Address: 93 DELANNOY AVENUE #606  
City-St-Zip: COCOA, FL 32922

Title: STD  
Name: SHRADER, ROBERT  
Address: 93 DELANNOY AVENUE #402  
City-St-Zip: COCOA, FL 32922

Title: D  
Name: MCNALLY, BROCK  
Address: 93 DELANNOY AVENUE #902  
City-St-Zip: COCOA, FL 32922

I hereby 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 all other like empowered.

SIGNATURE: H. STAN BOWERS

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04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date