

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90026 019 ****61.25

DOCUMENT # N04000000798					
1. Entity Name WHITFIELD PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6112 33 ST E SARASOTA, FL 34203			Mailing Address 6112 33 ST E SARASOTA, FL 34203		
2. Principal Place of Business 6112 33 St. E. Suite, Apt. #, etc.		3. Mailing Address 6112 33 St. E. Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 61-1481416	
Zip 34203-5405		Country 34203-5405		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, JOHN D ESQ 1023 MANATEE AVE W BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MUTH, W CHRIS STREET ADDRESS 6112 33 ST E CITY-ST-ZIP SARASOTA, FL 34203	<input type="checkbox"/> Delete		TITLE VP NAME Muth, W. Chris STREET ADDRESS 6728 33 St. E. CITY-ST-ZIP Sarasota, FL 34243-4128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCCABE, MARK T STREET ADDRESS 6112 33 ST E CITY-ST-ZIP SARASOTA, FL 34203	<input type="checkbox"/> Delete		TITLE ST NAME McCabe, Mark T. STREET ADDRESS 6728 33 St. E. CITY-ST-ZIP Sarasota, FL 34243-4128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME BURGHARDT, PHILLIP L STREET ADDRESS 6112 33 ST E CITY-ST-ZIP SARASOTA, FL 34203	<input checked="" type="checkbox"/> Delete		TITLE P NAME Wilson, Steve STREET ADDRESS 6791 28 St. Cir. E. CITY-ST-ZIP Sarasota, FL 34243-4143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME BURGHARDT, BRIAN D STREET ADDRESS 6112 33 ST E CITY-ST-ZIP SARASOTA, FL 34203	<input type="checkbox"/> Delete		TITLE VP NAME Burghardt, Brian Daniel STREET ADDRESS 6112 33 St. E. CITY-ST-ZIP Bradenton, FL 34203-5405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>BRIAN D. BURGHARDT</u> 7/14/06 941-756-5044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					