

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90083 040 ****61.25

DOCUMENT # N0400003110

1. Entity Name WHITFIELD CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4902 HIDDEN OAKS TR SARASOTA, FL 34232	Mailing Address 4902 HIDDEN OAKS TR SARASOTA, FL 34232
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2. Principal Place of Business 2051 Whitfield Park Loop Suite, Apt. #, etc.	3. Mailing Address 2051 Whitfield Park Loop Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL	4. FEI Number 20-1029385	Applied For Not Applicable
Zip 34243	Country USA	Zip 34243	Country USA

6. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN ST, STE 303 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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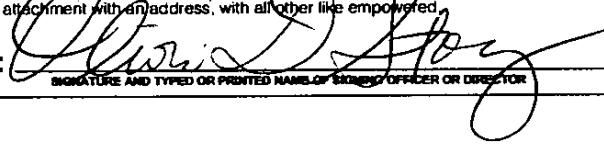
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, JERRY 4902 HIDDEN OAKS TR SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Victor DellaVolpe 2021 Whitfield Park Loop Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, ROBERT J 4902 HIDDEN OAKS TR SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bobby Story 2015 Whitfield Park Loop Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Olivia Story 2015 Whitfield Park Loop Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" 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
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF EXEMPT OFFICER OR DIRECTOR

4/17/06 941-755-5244
Date Daytime Phone #