


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003110 1. Entity Name WHITFIELD CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2051 WHITFIELD PARK LOOP SARASOTA, FL 34243	Mailing Address 2051 WHITFIELD PARK LOOP SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1029385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SABA, RICHARD D
2033 MAIN ST STE 303
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000645238 03/02/07-80076-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELLAVOLPE, VICTOR 2021 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORY, BOBBY 2015 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STORY, OLIVIA 2015 WHITFIELD PARK LOOP SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Olivia D Story *Treas-1* 2/20/07 941-755-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #