

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006674

FILED
Apr 12, 2006
Secretary of State

Entity Name: WHITLEY BAY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUTIE 5000
LONGWOOD, FL 327795044 4

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUTIE 5000
LONGWOOD, FL 327795044 4

New Mailing Address:

FEI Number: 20-1704101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 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: P () Delete
Name: BENNETT, KOHN
Address: 1000 SHOREWOOD DRIVE, SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VAS () Delete
Name: GOODNIGHT, SARAH
Address: 1000 SHOREWOOD DRIVE, SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VS () Delete
Name: WASDIN, MILLIE
Address: 1000 SHOREWOOD DRIVE, SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALDRIDGE, RON
Address: 15 INDIAN RIVER DR #404
City-St-Zip: COCOA, FL 32922

Title: VPD (X) Change () Addition
Name: ULBRICH, PETER
Address: 12 SLEPPY HOLLOW LN
City-St-Zip: CINCINNATI, OH 45244

Title: SD (X) Change () Addition
Name: LIGHTLE, JACK
Address: 15 INDIAN RIVER DR #301
City-St-Zip: COCOA, FL 32922

Title: TD () Change (X) Addition
Name: BLANCHARD, GERALD
Address: 15 INDIAN RIVER DR #704
City-St-Zip: COCOA, FL 32922

Title: D () Change (X) Addition
Name: BRODE, STEVEN
Address: 15 INDIAN RIVER DR #402
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the 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: RON ALDRIDGE

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date