

# 2005 NOT-FOR-PROFIT CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 20 PM 12:01



<b>DOCUMENT # N04000010511</b> 1. Entity Name <b>WHITE LAKE ANNEX I CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business <b>3557 PLOVER AVENUE NAPLES, FL 34117 US</b>			Mailing Address <b>3557 PLOVER AVENUE NAPLES, FL 34117 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		10122005 REIN-NP CR2E099 (6/04)	
City & State  Zip		City & State  Zip		4. FEI Number  Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117</b>				7. Name and Address of New Registered Agent  Name <b>JANE E. LAMBERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8955 FONTANA DEL SOL WAY</b>  City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>	
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 <u><i>Jane E. Lamberson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>			the Corporation will not receive the privilege of... Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117	<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	VP/S BROCK, LISA 3557 PLOVER AVENUE NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100065093831</b> <b>02/02/06--01035--003 **\$61.25</b>
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	
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 exemption stated in Section 119.07(3)(i), 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><i>William C Brock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>06/10/06</u> Daytime Phone # <u>239 643 5588</u>	

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