

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90001 012 \*\*\*\*61.25

**DOCUMENT # N04000010511**

1. Entity Name  
**WHITE LAKE ANNEX I CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business  
**3546 PLOVER AVENUE  
NAPLES, FL 34117 US**

Mailing Address  
**3546 PLOVER AVENUE  
NAPLES, FL 34117 US**

**40029834**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**APPLIED FOR 84-1666050**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERSON, JANE E  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **WILLIAM C. BROCK, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**3546 PLOVER AVENUE**

City **Naples**

FL Zip Code **34117**

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]*

**WILLIAM C. BROCK, JR. PRES, 3/1/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> Delete
NAME	<b>BROCK, WILLIAM C JR.</b>	
STREET ADDRESS	<b>3546 PLOVER AVENUE</b>	
CITY - ST - ZIP	<b>NAPLES, FL 34117</b>	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	<b>BROCK, LISA</b>	
STREET ADDRESS	<b>3546 PLOVER AVENUE</b>	
CITY - ST - ZIP	<b>NAPLES, FL 34117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 SIGNING OFFICER OR DIRECTOR

**WILLIAM C. BROCK, JR. 3/1/2007 239-643-5588**

Date

Daytime Phone #