

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

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**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1666050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUCK, WILLIAM C JR.
3546 PLOVER AVE.
NAPLES, FL 34117**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000800762
01/31/08-80030-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	BROCK, WILLIAM C JR.
STREET ADDRESS	3546 PLOVER AVENUE
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VP/S
NAME	BROCK, LISA
STREET ADDRESS	3546 PLOVER AVENUE
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. BROCK, JR. JANUARY 21, 2008 239-643-5588

Date

Daytime Phone #