


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90034 039 \*\*\*\*61.25

DOCUMENT # N04298					
1. Entity Name WITNEY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5507 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437-2401 US			Mailing Address 5507 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437-2401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2481721	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOBB, WILLIAM C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULL, SONIA 15484 LAKES OF DELRAY BLVD DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Loo Smith 15496 Lakes of Delray Blvd Delray Beach, FL 33484-4151	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FENDRICK, DAVE 15484 LAKES OF DELRAY BLVD # 206 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, ROBERT 15492 LAKES OF DELRAY BLVD #207 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMELSON, KATE 15484 LAKES OF DELRAY BLVD. #103 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSERMAN, DAVE 15488 LAKES OF DELRAY BLVD #204 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: <u>Kate Smelson</u> <u>Kate Smelson Treasurer</u> <u>3/29/06</u> <u>561-498-3379</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					