


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 029 \*\*\*\*61.25

<b>DOCUMENT # N05000002812</b>		
1. Entity Name WHITE CAP CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 4701 ESTERO BLVD FT. MYERS BEACH, FL 33931	Mailing Address 4701 ESTERO BLVD FT. MYERS BEACH, FL 33931
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50023322

2. Principal Place of Business		3. Mailing Address 12230 CHATEAU COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fishers, IN	
Zip	Country	Zip 46037	Country US



06132006 Chg-NP CR2E037 (4/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, E. AUSTIN 4501 TAMiami TRAIL NORTH SUITE 214 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Joseph E. Adams Street Address (P.O. Box Number is Not Acceptable) 14241 McAnopolis Avenue Suite 100 City Fort Meyers FL Zip Code 33912	
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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 <i>Joseph E. Adams</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 7/26/06 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENNESSEY, JOHN M 12230 CHATEAU COURT FISHERS, IN 46037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Zip Code 46037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS, JAMES J 6930 ATRIUM BOARDWALK - SUITE 100 INDIANAPOLIS, IN 46250 <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	STD FRITTON, MICHAEL A 3925 RIVER CROSSING PKWY - SUITE 300 INDIANAPOLIS, IN 46240 <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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 7/11/06	DAYTIME PHONE # 317-418-2200
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