



FILED
May 01, 2006 8:00 am
Secretary of State

66013362

DOCUMENT # N05000007135				05-01-2006 90773 001 ***183.75	
1. Entity Name WHITE LAKE ANNEX II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3557 PLOVER AVENUE NAPLES, FL 34117		Mailing Address 3557 PLOVER AVENUE NAPLES, FL 34117			
2. Principal Place of Business 3546 PLOVER AVENUE		3. Mailing Address 3546 PLOVER AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262006 Chg-NP CR2E037 (11/05)	
Zip		Zip		4. FEI Number APOLIED FOR	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3546 PLOVER AVENUE City FL Zip Code	
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>W. C. Brock</i></u> 04/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117		NAME	3546 PLOVER AVENUE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	VP/S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, LISA 3557 PLOVER AVENUE NAPLES, FL 34117		NAME	3546 PLOVER AVENUE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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><i>Isaac Brock</i></u> 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					