

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-27-2006 90034 048 ****61.25

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DOCUMENT # N05000007222 1. Entity Name WHTAKER VIEWS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6389 TOWER LANE SARASOTA, FL 34240 US			Mailing Address 6389 TOWER LANE SARASOTA, FL 34240 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOALE, JAMES E 2750 RINGLING BLVD. STE. 3 SARASOTA, FL 34237			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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>					
Filing Fee is \$81.25 Due by May 1, 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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P		<input type="checkbox"/> Delete		TITLE
NAME	DELOACH, ANTHONY				NAME
STREET ADDRESS	6131 JEWEL DR.				STREET ADDRESS
CITY - ST - ZIP	SARASOTA, FL 34240				CITY - ST - ZIP
TITLE	S/T		<input type="checkbox"/> Delete		TITLE
NAME	DELOACH, LAURIE				NAME
STREET ADDRESS	6131 JEWEL DR.				STREET ADDRESS
CITY - ST - ZIP	SARASOTA, FL 34240				CITY - ST - ZIP
TITLE	VP		<input type="checkbox"/> Delete		TITLE
NAME	TOALE, JAMES E				NAME
STREET ADDRESS	2028 ALAMEDA AVE.				STREET ADDRESS
CITY - ST - ZIP	SARASOTA, FL 34234				CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					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 relative 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]* **1-24-06** **941-371-7617**

Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

WHITAKER VIEWS HOMEOWNERS ASSOCIATION, INC.
6389 TOWER LANE
SARASOTA, FL 34240 US

Subject: **WHITAKER VIEWS HOMEOWNERS ASSOCIATION, INC.**

Reference Number: **N05000007222**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC
ANNUAL REPORTS SECTION