

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007222

FILED
Mar 25, 2009
Secretary of State

Entity Name: WHITAKER VIEWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6389 TOWER LANE
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

6389 TOWER LANE
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 26-2188078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOALE, JAMES E
2750 RINGLING BLVD.
STE. 3
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELOACH, ANTHONY
Address: 6131 JEWEL DR.
City-St-Zip: SARASOTA, FL 34240 US

Title: S/T () Delete
Name: DELOACH, LAURIE
Address: 6131 JEWEL DR.
City-St-Zip: SARASOTA, FL 34240

Title: VP () Delete
Name: TOALE, JAMES E
Address: 2028 ALAMEDA AVE.
City-St-Zip: SARASOTA, FL 34234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE DELOACH

S/T

03/25/2009

Electronic Signature of Signing Officer or Director

Date