

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 024 ****61.25

DOCUMENT # N05417

1. Entity Name

**WHITE LAKE SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**8312 106TH PLACE
LIVE OAK FL 32060
US**

Mailing Address

**8312 106TH PLACE
LIVE OAK FL 32060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2669753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, SUSIE
10806 83RD PL
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name **Nancy G. Casey**

Street Address (P.O. Box Number is Not Acceptable)

10654 83rd. Place

City

Live Oak,

FL

Zip Code **32060**

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

Nancy G. Casey Sec/Treas./D.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **GUERCIO, ROY**
STREET ADDRESS **8366 106TH PL**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **STD** ☒ Delete
NAME **NELSON, SUSIE**
STREET ADDRESS **10806 83RD PL**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **P** ☒ Delete
NAME **MOUNGER, BILL**
STREET ADDRESS **8357 106TH PL (PO BOX 842)**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Delete
NAME **MITCHELL, PIERRE**
STREET ADDRESS **8333 106TH PLACE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME **Casey, Nancy**
STREET ADDRESS **10654 83rd. Place**
CITY-ST-ZIP **Live Oak, Fl. 32060**

TITLE **P** ☒ Change ☐ Addition
NAME **Howard, John**
STREET ADDRESS **P.O. Box 1352**
CITY-ST-ZIP **Live Oak, Fl. 32064-1352**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Nancy G. Casey

3/28/06

386-362-3951