

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # N05417

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CASEY, NANCY G
10654 83RD PL
LIVE OAK FL 32060**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GUERCIO, ROY
8366 106TH PL
LIVE OAK FL 32060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
CASEY, NANCY
10654 83RD PL
LIVE OAK FL 32060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
HOWARD, JOHN
POB 1352
LIVE OAK FL 32064-1352**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MITCHELL, PIERRE
8333 106TH PLACE
LIVE OAK FL 32060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**U000000676828
03/30/07-80075-029 61.25**

TITLE
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☐ Change ☐ Addition

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 Casey

NANCY CASEY Sec/Treas.

3/20/07

386-362-3951