

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U000000874133
04/10/08-80104-024 61.25**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CASEY, NANCY
10654 83RD PL
LIVE OAK, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HOWARD, JOHN
POB 1352
LIVE OAK, FL 320641352**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy G. Casey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08
Date

386-362-3951
Daytime Phone #