

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 002 ****61.25

DOCUMENT # N06000012719

1. Entity Name
 LAKE WHITNEY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 430 LAKE WHITNEY PLACE
 PORT ST LUCIE, FL 34952

Mailing Address
 430 LAKE WHITNEY PLACE
 PORT ST LUCIE, FL 34952

90003300

2. Principal Place of Business - No P.O. Box #
 430 NW Lake Whitney PL

3. Mailing Address
 430 NW Lake Whitney PL

Suite, Apt. #, etc.



03242008 Chg-NP CR2E037 (12/06)

City & State
 Port St Lucie, FL

City & State
 Port St Lucie, FL

Zip
 34986

Country

4. FEI Number
 20-8118667

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 TALCOTT, LELAND H.
 701 SW 17 ST.
 BOCA RATON, FL 33486

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Payshore Association Mgmt

Street Address (P.O. Box Number is Not Acceptable)
 430 NW Lake Whitney Place

City
 Port St. Lucie, FL

Zip Code
 34986

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 Charlotte Quil Book Keeper 4/9/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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	DP TALCOTT, LELAND H. 701 SW 17 ST. BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MONTESANTO, JOHN 13350 FOXMOOR TRAIL CHESTERLAND, OH 44026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTESANTO, DEBBIE 13350 FOXMOOR TRAIL CHESTERLAND, OH 44026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mario Lancieri 442-A NW Lake Whitney PL Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Moutogiannis 430 NW Lake Whitney PL Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rebecca Wayne 410 NW Lake Whitney PL Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of trust 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] Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR