

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005389

**FILED**  
**Sep 08, 2010**  
**Secretary of State**

**Entity Name:** WHITE HOUSE PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1120 SOUTH PARROTT AVENUE  
1122  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 549  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 26-0500646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, RONNIE  
150 NORTHWEST 102ND STREET  
OKEECHOBEE, FL 34972 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:** PD  
**Name:** LAWRENCE, RONNIE  
**Address:** 150 NORTHWEST 102ND STREET  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** SVTD  
**Name:** LAWRENCE, ELLAIN  
**Address:** 150 NORTHWEST 102ND STREET  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** D  
**Name:** TURLINGTON, JILL  
**Address:** 1126 SOUTH PARROTT AVENUE  
**City-St-Zip:** OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

**SIGNATURE:** ELLAIN LAWRENCE

D

09/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date