

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11961

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** WHITFIELD PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3305 CHARLESTON ROAD  
TALLAHASSEE, FL 323099202 US

**New Principal Place of Business:**

**Current Mailing Address:**

3305 CHARLESTON ROAD  
TALLAHASSEE, FL 323099202 US

**New Mailing Address:**

**FEI Number:** 59-2892509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYWARD, ROBERT L  
3305 CHARLESTON ROAD  
TALLAHASSEE, FL 323099202 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: P ( ) Delete  
Name: KAE LIN, LAWRENCE D  
Address: 3304 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 323099201 US

Title: V ( ) Delete  
Name: CHANG, LYNN D  
Address: 3308 CHARLESTON ROAD  
City-St-Zip: TALLAHASSEE, FL 323099201 US

Title: T ( ) Delete  
Name: HAYWARD, ROBERT L  
Address: 3305 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 323099202 US

Title: S ( ) Delete  
Name: YON, MARY JEAN  
Address: 3324 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 323099201 US

Title: D ( ) Delete  
Name: REGINA, SOFER E  
Address: 3355 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 323099202 US

Title: D ( ) Delete  
Name: GROSSMAN, LYNN  
Address: 3316 CHARLESTON RD  
City-St-Zip: TALLAHASSEE, FL 323099201 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. HAYWARD

T

01/16/2009

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

\_\_\_\_\_  
Date