

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90101 029 ****61.25

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01152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N33439 1. Entity Name WHITTIER OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US			Mailing Address 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent INTEGRITY PROPERTY MANAGEMENT, INC. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDMAN, IRA 7515 NW 65TH LN PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOEGLER, GORDON 7595 NW 75TH DR PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEPACE, DEAN DANIA 6560 NW 74TH DR PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLENTUCK, LINDA 6825 NW 74TH ST PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BARBARA 6620 NW 74TH DRIVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEITH, JASON 6550 NW 74TH DR. PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JANET 7515 NW 75 DR PARKLAND, FL 33067				
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: <i>[Signature]</i> IRA H GOLDMAN PRES. 01.24.07 954.817.0208					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					