



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 038 ****61.25

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40071731 	
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0164863	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
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, 2008		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 P NAME GOLDMAN, IRA STREET ADDRESS 7515 NW 65TH LN CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE P NAME Dominick Peri STREET ADDRESS 6685 NW 75 Place CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME KOEGLER, GORDON STREET ADDRESS 7595 NW 75TH DR CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Carol St Aubin STREET ADDRESS 7350 NW 68 Way CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME DEPACE, DANNA STREET ADDRESS 6560 NW 74TH DR CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE T NAME Melissa Heller STREET ADDRESS 6810 NW 75 Ct CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME ELLENTUCK, LINDA STREET ADDRESS 6825 NW 74TH ST CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE S NAME Patricia Lewis STREET ADDRESS 6745 NW 75 Place CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CAMPBELL, BARBARA STREET ADDRESS 6620 NW 74TH DRIVE CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ron Kent STREET ADDRESS 6765 NW 74 Ct CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BEITH, JASON STREET ADDRESS 6550 NW 74TH DR. CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE D NAME Kevin Burger STREET ADDRESS 6840 NW 75 Ct CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" 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 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 my address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/14/08 Daytime Phone # 954-346-0677		

-ATTACHMENT

Document # ~~N33439~~ 40071737

Whittier Oaks Homeowner's Association, Inc

Title - D

Addition

Marc Harris
6780 NW 75 Place
Parkland, FL 33067