


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90029 002 \*\*\*\*61.25

<b>DOCUMENT # N34693</b> 1. Entity Name <b>THE WHITCOMB PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>954 RIDGEWOOD TER</b> <b>TARPON SPRING, FL 34689</b>			Mailing Address <b>P.O. BOX 2222</b> <b>TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business - No P.O. Box # <b>703 WATERVIEW LA.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2981004</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ZACUR, RICHARD A ESQ.</b> <b>5200 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33733</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRENNAN, SUSAN</b> <b>684 HIDDEN LAKE DR</b> <b>TARPON SPRINGS, FL 34689</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRAVITZ, LEONARD A</b> <b>703 WATERVIEW LANE</b> <b>TARPON SPRINGS, FL 34689</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PROSIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WITTLE, STEWART L</b> <b>711 WATERVIEW LANE</b> <b>TARPON SPRINGS, FL 34689</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KURPINSKI, JOHN T SR</b> <b>726 WATERSIDE CT.</b> <b>TARPON SPRINGS, FL 34689</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YAGASITS, MARIE S</b> <b>953 OAKVIEW RD</b> <b>TARPON SPRINGS, FL 34689</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RONALD WACH</b> <b>697 HIDDEN LAKE DR.</b> <b>TARPON SPRINGS, FL 34689</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE: <u>John T. Kurpinski Sr. Trust</u> 2-20-07 727-934-1013</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

