2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45188

FILED Feb 16, 2005 Secretary of State

Entity Name: WHITMAN POINT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4180 SE 24 TERR. OCALA, FL 34480

Current Mailing Address: New Mailing Address:

4180 SE 24 TERR. OCALA, FL 34480

FEI Number: 59-3086297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAYLOR, BLAIR D. 4180 SE 24TH TERR. OCALA, FL 34480 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD () Delete Title: VD (X) Change () Addition

 Name:
 WOOD, BETH
 Name:
 WOOD, BETH

 Address:
 118 GADWALL DRIVE
 Address:
 118 GADWALL DRIVE

 City-St-Zip:
 CLUTE, TX 77531
 City-St-Zip:
 CLUTE, TX 77531 US

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 BAYLOR, FREDDIE W

 Address:
 4180 SE 24 TER
 Address:
 4180 SE 24 TER

 City-St-Zip:
 OCALA, FL
 City-St-Zip:
 OCALA, FL 34480 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WOOD, BETH,
 Name:
 WOOD, BETH,

 Address:
 118 GADWALL
 Address:
 118 GADWALL

 City-St-Zip:
 CLUTE, TX 77531
 City-St-Zip:
 CLUTE, TX 77531 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 PALMER, JAMIE
 Name:
 PALMER, JAMIE

 Address:
 130 SPLIT ROCK COVE
 Address:
 130 SPLIT ROCK COVE

City-St-Zip: THE WOODLANDS, TX 77381 City-St-Zip: THE WOODLANDS, TX 77381 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FREDDIE W. BAYLOR TD 02/16/2005