

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48603

FILED
Mar 16, 2009
Secretary of State

Entity Name: WHITE OAK ESTATES HOMEOWNERS ASSOCIATES, INC.

Current Principal Place of Business:

5105 WHITE OAK LANE
TAMARAC, FL 33319

New Principal Place of Business:

5204 WHITE OAK LANE
TAMARAC, FL 33319

Current Mailing Address:

5204 WHITE OAK LANE
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-0330993 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMBASSADOR COMM MGMT
7100 W. COMMERCIAL BLVD.
TAMARAC, FL 33321 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: TALABISCO, JACK
Address: 5215 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

Title: SD () Delete
Name: BRANDON, STEPHANIE
Address: 5150 WHITE OAK LANE
City-St-Zip: TAMARAC, FL

Title: T () Delete
Name: COUTTS, LINDA
Address: 5204 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

Title: VP () Delete
Name: COUTTS, DAVID
Address: 5204 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COUTTS, DAVID A
Address: 5204 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

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

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

Title: VP (X) Change () Addition
Name: SCHMITT, GLENN
Address: 5150 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

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: LINDA S. COUTTS

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03/16/2009

Electronic Signature of Signing Officer or Director

Date