


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N49929
 1. Entity Name
 WHITE WESTERN BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1008 VIVERETTE LANE 1008 VIVERETTE LANE
 SOUTHPORT, FL 32409 US SOUTHPORT, FL 32409 US

DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3344647 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSE, PEGGY
 1008 VIVERETTE LANE
 SOUTHPORT, FL 32409

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I, 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 _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BEVERLY 5500 BOATRACE ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NICHOLS, JAMES 6310 HWY 2311 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAY, SHANNON 1011 JOHNWALKER DR. SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRAH, IRMA 4034 NAPOLI ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSE, PEGGY 1008 VIVERETTE LANE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000259734
 03/11/05-20036-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peggy Rose, Inc. (Peggy Rose) 3/8/05 (950) 271-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #