2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

01032006 . Chg-NP   CR2E037 (11/05)

Zip	Country	Zip	Country

4. FEI Number 59-3344647 — Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, PEGGY 1008 VIVERETTE LANE SOUTHPORT, FL 32409	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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	☒ Delete	TITLE	*P*	☐ Change ☒ Addition
NAME	TAYLOR, BEVERLY		NAME	Rose, Jerry m.	
STREET ADDRESS	5500 BOATRACE ROAD		STREET ADDRESS	1008 Viverette Lane	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Southport, FL. 32409	
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NICHOLS, JAMES		NAME		
STREET ADDRESS	6310 HWY 2311		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CTY., FL 32404		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	*S*	☐ Change ☒ Addition
NAME	GAY, SHANNON		NAME	Seggler, Ann	
STREET ADDRESS	1011 JOHNWALKER DR.		STREET ADDRESS	1215 W. 10th Ct.	
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP	Panama City, FL. 32401	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHIRAH, IRMA		NAME		
STREET ADDRESS	4034 NAPOLI ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSE, PEGGY		NAME		
STREET ADDRESS	1008 VIVERETTE LANE		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: _Peggy Rose, Treasurer (Peggy Rose)_   2/1/06   (850) 271-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #