


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N49929 1. Entity Name WHITE WESTERN BEACH OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1008 VIVERETTE LANE SOUTHPORT, FL 32409 US	Mailing Address 1008 VIVERETTE LANE SOUTHPORT, FL 32409 US
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3344647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSE, PEGGY 1008 VIVERETTE LANE SOUTHPORT, FL 32409

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ROSE, JERRY M 1008 VIVERETTE LN PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NICHOLS, JAMES 6310 HWY 2311 PANAMA CTY., FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEGLER, ANN 1215 W 10TH CT PANAMA CITY, FL 32401
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	

U00000712438
04/26/07-80045-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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) 4/13/07 (850) 271-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #