


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90121 017 \*\*\*\*61.25

**DOCUMENT # N49929**

1. Entity Name  
**WHITE WESTERN BEACH OWNERS ASSOCIATION, INC.**



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

Mailing Address  
**1008 VIVERETTE LANE**  
**SOUTHPORT, FL 32409 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04202008 Chg-NP CR2E037 (12/06)

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

**ROSE, PEGGY**  
**1008 VIVERETTE LANE**  
**SOUTHPORT, FL 32409**

7. Name and Address of New Registered Agent

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, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSE, JERRY M	
STREET ADDRESS	1008 VIVERETTE LN	
CITY-ST-ZIP	PANAMA CITY, FL 32409	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, JAMES	
STREET ADDRESS	6310 HWY 2311	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEGLER, ANN	
STREET ADDRESS	1215 W 10TH CT	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRAH, IRMA	
STREET ADDRESS	4034 NAPOLI ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSE, PEGGY	
STREET ADDRESS	1008 VIVERETTE LANE	
CITY-ST-ZIP	SOUTHPORT, FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITFIELD, MATT	
STREET ADDRESS	2125 ANHURST ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **4/22/08 850 271-9645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #