2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2008 8:00 am Secretary of State DOCUMENT # N9400004704 02-22-2008 90014 048 ****61.25 WHITE LAKE COMMONS ASSOCIATION, INC. 40030011 Principal Place of Business Mailing Address 1044 CASTELLO DRIVE STE 206 % SOUTHWEST PROPERTY MGMT. NAPLES, FL 34103 1044 CASTELLO DRIVE #206 NAPLES, FL 34103 US 10 Compass Gra 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 400 Jamiani Irail N. 7400 Tamiani Trail N. Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-NP CR2E037 (12/06) 01 iite 101 City & State City & State FEI Number 65-0595701 Applied For Not Applicable Naples Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Compass Group Property Management SOUTHWEST PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DRIVE, STE 206 NAPLES, FL 34103 7400 Tamiami Trail N. Ste 101 34108 Naples 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 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete Change ☐ Addition TITLE TITLE BROCK, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 3546 PLOVER AVE NAPLES, FL 34117 CITY-ST-ZIP CITY-ST-7IP VD Delete Change ☐☐ Addition TITLE HARVEY, RODNEY NAME MARKE 4980 TAMIAMI TRAIL N STREET ADDRESS STREET ADDRESS 26 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP __ Change ☐ Addition TD ☐ Delete TITLE TITLE GRILO, PIERRE NAME NAME Ň 3580 SHAW BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34117 Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FEB 1 4 2008 RECEIVE Addition CITY-ST-ZIP ☐ Delete TITI F FILE MANAGEMEREB NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FILE MANAGERIE ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

MENTANING OFFICER OR DIRECTOR

Daytime Phone #

FILED

ATTACHMENT

40030077 #N94000604704

SSGROUP

FORT MYERS FL 339

12 FEB 2008, PM 1 T

THINK, SPEAK ATT WRITE: John Adams, 17 powerofther

DBPR-Division of FL Land Sales, Condos 1940 North Monroe Street. Tallahassee, FL 32399-1004

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