

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002841

FILED
Apr 12, 2009
Secretary of State

Entity Name: WHITFIELD-BALLENTINE MANOR ASSOCIATION, INCORPORATED

Current Principal Place of Business:

7555 PONCE DE LEON ST.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7555 PONCE DE LEON ST.
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0680313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, RICHARD
717 PLUM TREE LANE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUPPINO, NORMAN
Address: 485 MAGELLAN AVE
City-St-Zip: SARASOTA, FL 34243

Title: VPD () Delete
Name: SCOVILL, BART
Address: 907 PLUM TREE LN
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: WARREN, CINDY
Address: 610 SATURN AVE
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: HOREIN, ROGER
Address: 727 MAGELLAN RD
City-St-Zip: SARASOTA, FL 34243

Title: ATO (X) Delete
Name: WEBSTER, RICHARD
Address: 717 PLUM TREE LN
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCOVILL, BART
Address: 907 PLUM TREE LANE
City-St-Zip: SARASOTA, FL 34243

Title: VPD (X) Change () Addition
Name: GLASURE, BETSY
Address: 908 CYPRESS WOODS LANE
City-St-Zip: SARASOTA, FL 34243

Title: SD (X) Change () Addition
Name: GOOD, DONALD
Address: 6719 3RD ST. CT. W.
City-St-Zip: BRADENTON, FL 34207

Title: TD (X) Change () Addition
Name: WEBSTER, RICHARD
Address: 717 PLUM TREE LANE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L, WEBSTER

TD

04/12/2009

Electronic Signature of Signing Officer or Director

Date