2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005311

FILED Mar 04, 2008 Secretary of State

Entity Name: WHITE POINT VILLAGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 E. HWY. 20 4400 E. HWY. 20 SUITE 313 SUITE 312

NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US

Current Mailing Address: New Mailing Address:

P.O. BOX 5263 NICEVILLE, FL 32578

OFFICERS AND DIRECTORS:

FEI Number: 59-3447138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANDSBERGER, DARLANE
4400 E. HWY. 20
SUITE 313
NICEVILLE, FL 32578 US

LANDSBERGER, DARLANE
4400 E. HWY. 20
SUITE 312
NICEVILLE, FL 32578 US

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:

03/04/2008

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: P () Delete Title: PD (X) Change () Addition Name: STARLING, TAMMY Name: MARELLO, EILEEN

Address: 1278 LAURA LANE Address: 1295 LAURA LANE
City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: V () Delete Title: VD (X) Change () Addition
Name: DAUPHIN, SCOTT H Name: COBB, MARESS
Address: 1268 LAURA LANF Address: 4529 WHITE POINT CT

Address: 1268 LAURA LANE Address: 4529 WHITE POINT CT City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete Title: STD (X) Change () Addition

 Name:
 DURON, ERIC
 Name:
 DURON, ERIC

 Address:
 1273 LAURA LANE
 Address:
 1273 LAURA LANE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

Title: MAL (X) Delete Title: () Change () Addition

 Name:
 OCHS, JONATHAN E
 Name:

 Address:
 1266 LAURA LANE
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

 Name:
 COBB, MARISSA
 Name:

 Address:
 4529 WHITE POINT COURT
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 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: EILEEN MARELLO PD 03/04/2008