2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90077 047 ****70.00

DOCUMENT # N96000000249

1. Entity Name
WHITE'S GULF VIEW ESTATES OWNERS ASSOCIATION, INC.

400146U4

Principal Place of Business	Mailing Address
40 CLAREON DR SEACREST BEACH, FL 32413	40 CLAREON DR SEACREST BEACH, FL 32413

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
209 CLAREON DRIVE	209 CLAREON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEACREST BEACH FL	City & State: SEACREST BEACH, FL
Zip: 32413 Country: WALTON	Zip: 32413 Country: WALTON

4. FEI Number 59-3512339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNHART, JOHN H C/O 40 CLAREON DRIVE SEACREST BEACH, FL 32413	Name: BARNHART JOHN H Street Address (P.O. Box Number is Not Acceptable): 209 CLAREON DRIVE City: SEACREST BEACH FL Zip Code: 32413

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: JOHN H. BARNHART 2/2/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BARNHART, JOHN H 209 CLAREON DRIVE PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D STOLARZ, STANLEY 40 CLAREON DRIVE SEACREST BEACH, FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/O MICHAEL L. JOHNSON 438 CLAREON DRIVE PANAMA CITY BEACH, FL 32413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PHILLIPS, CHRIS 235 CLAREON DRIVE PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCMILLAN, JAMES T 8987 STONERIDGE PUACL MONTGOMERY, AL 36417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FINOLGY, DENISE 280 CLARHON DRIVE PANAMA CITY, FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EMILIE AUBUCHON 501 CLAREON DRIVE PANAMA CITY BEACH, FL 32413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOLLAR, VICKIE 166 CLARHON DRIVE PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	166 CLAREON DRIVE	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN H BARNHART Feb 5 2005 850 231-3293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N96000000249 ATTACHMENT 400146O4

WHITE'S GULFVIEW ESTATES OWNERS ASSOCIATION, INC

11. CONTINUATION

☒ ADDITION

TITLE VPD

NAME-MARY JO COLVILLE

STREET ADDRESS-180 CLARENCE DRIVE

CITY-ST-ZIP - PANAMA CITY BEACH, FL 32413