

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000249

FILED
Jan 09, 2006
Secretary of State

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

Current Principal Place of Business:

209 CLAREON DR
SEACREST BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

209 CLAREON DR
SEACREST BEACH, FL 32413

New Mailing Address:

FEI Number: 59-3512339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNHART, JOHN H
209 CLAREON DR
SEACREST BEACH, FL 32413 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: P/D () Delete
Name: BARNHART, JOHN H
Address: 209 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPD () Delete
Name: PHILLIPS, CHRIS
Address: 235 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPD () Delete
Name: MCMILLAN, JAMES T
Address: 8987 STONERIDGE PUACL
City-St-Zip: MONTGOMERY, AL 36417

Title: VPD () Delete
Name: JOHNSON, MICHAEL L
Address: 438 CLARSON DRIVE
City-St-Zip: PANAMA CITY, FL 32413

Title: TD () Delete
Name: DOLLAR, VICKIE
Address: 166 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PHILLIPS, CHRIS
Address: 235 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Change () Addition
Name: COLVILLE, MARY JO
Address: 180 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Change () Addition
Name: JOHNSON, MICHAEL L
Address: 438 CLARSON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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

Title: S/D () Change (X) Addition
Name: AUBUCHON, EMILIE
Address: 1725 LIABERRY LANE
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H. BARNHART

P/D

01/09/2006

Electronic Signature of Signing Officer or Director

Date