


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90015 024 *****70.00

DOCUMENT # N96000000249	
1. Entity Name WHITE'S GULF VIEW ESTATES OWNERS ASSOCIATION, INC.	

Principal Place of Business 209 CLAREON DR SEACREST BEACH, FL 32413	Mailing Address 209 CLAREON DR SEACREST BEACH, FL 32413
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3512339

Applied For	Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARNHART, JOHN H
209 CLAREON DR
SEACREST BEACH, FL 32413

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> Delete
NAME	BARNHART, JOHN H
STREET ADDRESS	209 CLAREON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D <input type="checkbox"/> Delete
NAME	PHILLIPS, CHRIS
STREET ADDRESS	235 CLAREON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D <input type="checkbox"/> Delete
NAME	COLVILLE, MARY JO
STREET ADDRESS	180 CLAREON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL L
STREET ADDRESS	438 CLARSON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	DOLLAR, VICKIE
STREET ADDRESS	166 CLAREON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	S/D <input type="checkbox"/> Delete
NAME	AUBUCHON, EMILIE
STREET ADDRESS	1725 LIABERRY LANE
CITY-ST-ZIP	NICEVILLE, FL 32578

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 *John H. Barnhart President 1/4/07*