

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002308

FILED
Apr 12, 2007
Secretary of State

Entity Name: WHITTENBERG HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6312 TRAIL BLVD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT
P.O. BOX 770278
NAPLES, FL 34107 US

New Mailing Address:

FEI Number: 65-0833697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 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: VPD () Delete
Name: MILLER, GEORGE
Address: 5241 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: WRZESINSKY, ERNIE
Address: 5389 WHITTEN DR
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: FISCHER, ROBERT
Address: 5343 WHITTEN DR
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CARDARELLI, JOHN
Address: 5470 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: PD () Delete
Name: BROWN, ARTHUR
Address: 5453 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HILLIER, ROBERT
Address: 5462 WHITTEN DR
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change () Addition
Name: FISCHER, ROBERT
Address: 5343 WHITTEN DR
City-St-Zip: NAPLES, FL 34104

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

Title: TD (X) Change () Addition
Name: BROWN, ARTHUR
Address: 5453 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104

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: ROBERT HILLIER

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date