2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002308

FILED Mar 31, 2009 Secretary of State

Entity Name: WHITTENBERG HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:	
2010 TD 411 DIX (D	0/0 / 5 1 1 1 1 1 1 1 1 1	

6312 TRAIL BLVD C/O ABILITY MANAGEMENT, INC NAPLES, FL 34108 US 6736 LONE OAK BLVD NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT, INC P.O. BOX 770278 6736 LONE OAK BLVD NAPLES, FL 34107 US NAPLES, FL 34109 US

FEI Number: 65-0833697 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:

LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 US
LIVELY, DENNIS F
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS F. LIVELY 03/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: T (X) Change () Addition Name: BRADY, BARBARA Name: BRADY, BARBARA

Address: 5481 WHITTEN DRIVE Address: 5481 WHITTEN DRIVE
City-St-Zip: NAPLES, FL 34104

City-St-Zip: NAPLES, FL 34104

Title: PD () Delete Title: P (X) Change () Addition Name: HILLIER, ROBERT Name: HILLIER, ROBERT

 Name
 Name
 Filtrex, ROBERT

 Address:
 5462 WHITTEN DR
 5462 WHITTEN DR

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 NAPLES, FL 34104

Title: D () Delete Title: () Change () Addition Name: VANASSE, JAMES Name:

 Name:
 VAIVASSE, JAIVIES
 Name:

 Address:
 5250 WHITTEN DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 CARDARELLI, JOHN
 Name:
 CARDARELLI, JOHN

 Address:
 5470 WHITTEN DRIVE
 Address:
 5470 WHITTEN DRIVE

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 NAPLES, FL 34104

 $\label{eq:title: Title: S () Delete Title: S () Change (X) Addition}$

 Name:
 Name:
 LARSON, GLORIA

 Address:
 Address:
 5246 WHITTEN DRIVE

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34104 US

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: DENNIS F. LIVELY RA 03/31/2009