

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004026

1. Entity Name
WHITEHOUSE MANOR HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

239-4 JONES ROAD
JACKSONVILLE, FL 32220

Mailing Address

239-4 JONES ROAD
JACKSONVILLE, FL 32220

DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3377524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARDSLEY, DALE A
12 EAST BAY STREET
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD
NAME KITTRELL, JIM
STREET ADDRESS 239-4 JONES ROAD
CITY - ST - ZIP JACKSONVILLE, FL 32220

TITLE D
NAME KITTRELL, TOMMY
STREET ADDRESS 239-4 JONES ROAD
CITY - ST - ZIP JACKSONVILLE, FL 32220

TITLE VD
NAME GRIFFIN, GALYNNA
STREET ADDRESS 239-4 JONES ROAD
CITY - ST - ZIP JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000315516
04/19/05-80039-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

JR Kittrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

781-1079

Date

Daytime Phone #