

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90046 031 \*\*\*\*61.25

**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**

**66002267**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 *Ch. 20 Div. of Corp.* (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

Filing Fee is **\$61.25**  
Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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: *J. B. Kittrell* **1-15-2006** **904-545-5076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #