

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004026 1. Entity Name WHITEHOUSE MANOR HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 239-4 JONES ROAD JACKSONVILLE FL 32220	Mailing Address 239-4 JONES ROAD JACKSONVILLE FL 32220
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3377524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEARDSLEY, DALE A 12 EAST BAY STREET JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

**FILE NOW: 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
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> Delete
NAME	KITTRELL, JIM
STREET ADDRESS	239-4 JONES ROAD
CITY- ST- ZIP	JACKSONVILLE FL 32220
TITLE	D <input type="checkbox"/> Delete
NAME	KITTRELL, TOMMY
STREET ADDRESS	239-4 JONES ROAD
CITY- ST- ZIP	JACKSONVILLE FL 32220
TITLE	VD <input type="checkbox"/> Delete
NAME	GRIFFIN, GALYNNA
STREET ADDRESS	239-4 JONES ROAD
CITY- ST- ZIP	JACKSONVILLE FL 32220
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000601893 01/26/07-80067-022 61.25
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	
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 Section 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: *Jim Kittrell*

1-12-07 904-545-5076