2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# N97000003804

Entity Name: WHITAKER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

16905 RAVEN RIDGE PLACE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16905 RAVEN RIDGE PLACE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3493494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JOHN J
16905 RAVEN RIDGE PLACE
LUTZ, FL 33549 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:	DP	( ) Delete
Name:	WOOD, JOHN J	
Address:	16905 RAVEN RIDGE PL	
City-St-Zip:	LUTZ, FL 33549	
Title:	DV	( ) Delete
Name:	FITZGERALD, DAVID	
Address:	16908 RAVEN RIDGE PL	
City-St-Zip:	LUTZ, FL 33549	
Title:	DS	( ) Delete
Name:	PIERCY, LYNNELLE	
Address:	721 FAYETTE PLACE	
City-St-Zip:	LUTZ, FL 33549	
Title:	DT	( ) Delete
Name:	FISCHETTI, HALLIE	
Address:	719 FAYETTE PL	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	UGO, SAL	
Address:	704 FAYETTE PLACE	
City-St-Zip:	LUTZ, FL 33549	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	COLEMAN, BARBARA	
Address:	701FAYETTE PLACE	
City-St-Zip:	LUTZ, FL 33549	

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: JOHN JOSEPH WOOD DP 03/13/2006

Electronic Signature of Signing Officer or Director — Date