


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90021 005 ****61.25

DOCUMENT # N98000000645		
1. Entity Name WHITEHALL AT KINGS RIDGE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2113 BRAXTON STREET CLERMONT, FL 34711	Mailing Address 2113 BRAXTON STREET CLERMONT, FL 34711	

40108566



PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804

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5151 ADANSON ST SUITE 103
ORLANDO, FL 32804

01312007 Chg-NP CR2E037 (12/06)

1. FEI Number 59-3537444	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARY HOUSE PREMIER COMMUNITY MGRS 5151 ADANSON ST. STE 103 ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name GARY HOUSE PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804 Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered agent.
the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, ROBERT J 2113 BRAXTON ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD SEITZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2042 BRAXTON STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERR, JOAN E 2095 BRAXTON ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-sec HENRY LEE LANGER <input type="checkbox"/> Change <input type="checkbox"/> Addition 2144 WINSLEY STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JOYCE 2096 BRAXTON ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT PULHAM <input type="checkbox"/> Change <input type="checkbox"/> Addition 4220 SNOWDON STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYO, JOANNE 2143 WINSLEY ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUCIER, DAVID 2127 BRAXTON ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADLYN J SHAW <input type="checkbox"/> Change <input type="checkbox"/> Addition 2089 BRAXTON STREET CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 19 07

Date

352 241 9589

Daytime Phone #