

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 047 ****61.25

DOCUMENT # N98000004485					
1. Entity Name WHITELOCK FARMS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3527317	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, DENISE L 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Name Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 3/29/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TD	NAME ATKERSON, CHARLES	☒ Delete		TITLE PD	NAME Michael G. Peterson
STREET ADDRESS 9471 BAYMEADOWS RD #402	JACKSONVILLE, FL 32256		☐ Change	☒ Addition	STREET ADDRESS 312 Morris Loop
CITY - ST - ZIP JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32259		Jacksonville, FL 32259		
TITLE VSD	NAME SILVERFIELD, GARY D	☒ Delete		TITLE VD	NAME Lynette Talak
STREET ADDRESS 4141 SOUTHPOINT DR. E STE B	JACKSONVILLE, FL 32216		☐ Change	☒ Addition	STREET ADDRESS 224 Belmont Dr.
CITY - ST - ZIP JACKSONVILLE, FL 32216	JACKSONVILLE, FL 32259		Jacksonville, FL 32259		
TITLE PD	NAME BREEDING, HELEN	☒ Delete		TITLE SD	NAME Susie Peterson
STREET ADDRESS 4141 SOUTHPOINT DR. E STE B	JACKSONVILLE, FL 32216		☐ Change	☒ Addition	STREET ADDRESS 312 Morris Loop
CITY - ST - ZIP JACKSONVILLE, FL 32216	JACKSONVILLE, FL 32259		Jacksonville, FL 32259		
TITLE D	NAME Pip Randall	☐ Delete		TITLE D	NAME Eric Falkenberry
STREET ADDRESS 248 Belmont Dr.	JACKSONVILLE, FL 32259		☐ Change	☒ Addition	STREET ADDRESS 1130 Monterey St.
CITY - ST - ZIP JACKSONVILLE, FL 32259	JACKSONVILLE, FL 32207		Jacksonville, FL 32207		
TITLE D	NAME Eric Falkenberry	☐ Delete		TITLE D	NAME Eric Falkenberry
STREET ADDRESS 1130 Monterey St.	JACKSONVILLE, FL 32207		☐ Change	☐ Addition	STREET ADDRESS 1130 Monterey St.
CITY - ST - ZIP JACKSONVILLE, FL 32207	JACKSONVILLE, FL 32207		Jacksonville, FL 32207		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Michael G. Peterson					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 3/30/05 (904) 296-6422		