2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90025 009 ****61.25

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1. Entity Name
WHITELOCK FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266	920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5455 US HWY A1A SOUTH
City & State	City & State ST. AUGUSTINE, FL.
Zip / Country	Zip 32080 / Country USA

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3527317 ☐ Applied For ☐ Not Applicable

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 MAY MANAGEMENT SVC., INC. Street Address (P.O. Box Number is Not Acceptable) 5455 U. S. HWY A1A SOUTH City ST AUGUSTINE FL Zip Code 32080

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 Cynthia H O'Neil Treasurer 1/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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 PETERSON, MICHAEL G 312 MORRIS LOOP JACKSONVILLE, FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TALAK, LYNETTE 224 BELMONT DR. JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYNETTE TALAK 224 BELMONT DR. JACKSONVILLE, FL. 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERSON, SUSIE 312 MORRIS LOOP JACKSONVILLE, FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDALL, PIP 248 BELMONT DR. JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PHYLLIS RANDALL 248 BELMONT DR. JACKSONVILLE, FL. 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALKENBERRY, RVI ERIC 1130 MONTEREY JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUE PIONESSA 240 BELMONT DR. JACKSONVILLE, FL. 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEV MITCHELL 169 BELMONT DR. JACKSONVILLE, FL. 32259	☐ Change ☒ Addition

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: Lynette B Talak LYNETTE B. TALAK 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #