2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 8:00 am Secretary of State

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DOCUMENT # N9800004485 1. Entity Name WHITELOCK FARMS HOMEOWNERS ASSOCIATION, INC.					- 44 40	02-09-200	7 90020 0	04 ****6	1.25
Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 Mailing Address C/O MAY MGMT SVC I 5455 US HWY A1A S SAINT AUGUSTINE, FL			NTH		_				
2, Principal Place of Business - No P.O. Box # 5455 Hwy A1A South		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172007	Chg-NP	CR2E03	37 (12/06)	
SAINT AUGUSTING FL.		City & State			4. FEI Number 59-3527	317		⊢ —	pplied For at Applicable
3208	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New	Registered /	Agent	
MAY MANAGEMENT SVC., INC. 5455 US HWY A1A SOUTH Name Name Street Address			Address (P	s (P.O. Box Number is Not Acceptable)					
	GUSTINE, FL 32080	Glidal Addidas (,		
			City				FL	Zip Code	9
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office o	r registere	ed agent, or both	in the State of I	Florida. I am	familiar with,	and accept
	ions of registered agent.	$\frac{1}{2}$	1	•	=				,
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SIGNATURE	Signature, typed or printed ame of registered agent a	and title if applicable. (NOTE: F	Registered Agent signal	ture required (<u>.</u>	OATE		
SIGNATURE .	Signature, typed or printed harne of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	aign Financing						
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing		when reinstating)	Flo	OATE Make check	tment of St	tate
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ntribution.		when reinstating) \$5.00 May Be Added to Fees	Flo	OATE Make check	tment of St	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF P TALAK, LYNETTE 224 BELMONT DR JACKSONVILLE, FL 32259 V	9. Election Camp Trust Fund Co	naign Financing ntribution. 11. TITLE NAME STREET ADDRESS		when reinstating) \$5.00 May Be Added to Fees	Flo	OATE Make check	tment of St	10
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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: R. Eric Falkenberry, President 1-31-07 (904) 279-7204

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date