2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N98000004485

Entity Name: WHITELOCK FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455 HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

475 W. TOWN PLACE
SUITE 112
ST. AUGUSTINE, FL 32092

Current Mailing Address:

C/O MAY MGMT SVC INC
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3527317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MANAGEMENT SVC., INC.
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: P ( ) Delete
Name: FALKENBERRY, RVI ERIC
Address: 1130 MONTEREY
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: POINESSA, SUE
Address: 240 BELMONT DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: LUCAS, JOHN
Address: 252 BELMONT DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T ( ) Delete
Name: ARMANDI, FERNANDO
Address: 2925 COLUMBUS BLVD
City-St-Zip: CORAL GABLES, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARN, PAM
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition
Name: JOHNS, PAM
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: BILTOC, CLAUDIO
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition
Name: WILLIAMS, JOHN
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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 WILLIAMS T 04/03/2009

Electronic Signature of Signing Officer or Director — Date