## 2007 FOR PROFIT CORPORATION

## Mar 06, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-06-2007 90001 048 \*\*\*150.00 DOCUMENT # P06000102580 WHITE LAKE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 40029840 3546 PLOVER AVENUE 3546 PLOVER AVENUE NAPLES, FL 34117 NAPLES, FL 34117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) 4. FEI Number 20 - 5360217 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROCK, JR., WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 3546 PLOVER AVENUE NAPLES, FL 34117 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change Addition BROCK, JR., WILLIAM C NAME NAME STREET ADDRESS 3546 PLOVER AVENUE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition BROCK, SR., WILLIAM C NAME NAME 3546 PLOVER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP Delete TITLE HIDE ☐ Change ☐ Addition BROCK, LISA NAME NAME STREET ADDRESS 3546 PLOVER AVENUE STREET ADDRESS NAPLES, FL 34117 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME BROCK, JR., WILLIAM C STREET ADDRESS 3546 PLOVER AVENUE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 equired by Chapter 607, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

WILLIAM C. BROCK, JR. 3/1/2007 239-643-5588

Date

☐ Change

☐ Addition

Daytime Phone #

**FILED**