

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90010 012 ***158.75

DOCUMENT # P95000049697

1. Entity Name
WHITEHALL PROPERTIES II, INC.



Principal Place of Business
**4733 NORTH A-1-A
VERO BEACH, FL 32963**

Mailing Address
**4733 NORTH A-1-A
VERO BEACH, FL 32963**

4004100-



2. Principal Place of Business

1201 19TH PL, SUITE A400
Suite, Apt. #, etc.

3. Mailing Address

1201 19TH PL, SUITE A400
Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

City & State
VERO BEACH, FL

Zip Country
32960 US

City & State
VERO BEACH, FL

Zip Country
32960 US

4. FEI Number
65-0592424

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROOM, DAVID S
~~4733 NORTH A-1-A~~
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name
CROOM, DAVID S.
Street Address (P.O. Box Number is Not Acceptable)
1201 19TH PL, SUITE A400
City
VERO BEACH FL Zip Code
32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CROOM, DAVID S ☐ Delete
~~4733 NORTH A-1-A~~
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LYONS, DAVID T ☐ Delete
~~4733 NORTH A-1-A~~
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1201 19TH PL, SUITE A400
VERO Bch, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1201 19TH PL, SUITE A400
VERO Bch, FL 32960

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-562-7474