2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2023
Secretary of State
6480052891CC

DOCUMENT# 713861

Entity Name: WHITNEY BEACH ASSOCIATION, INC.

Current Principal Place of Business:

C/O REALMANAGE
4134 GULF OF MEXICO DR. SUITE 203
LONGBOAT KEY, FL 34228

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-1261947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLENATHEN, CHAD
CHAD MCCLENATHEN, P.A.
783 S. ORANGE AVENUE SUITE 210
SARASOTA, FL 34236 US

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: CHAD MCCLENATHEN 04/20/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	VP
Name	FORRESTER, BRYAN	Name	EL-HINDI, JOSEPH
Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203	Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228
Title	SECRETARY	Title	TREASURER
Name	JASSOY, TOM	Name	MALONI, RAYMOND
Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203	Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228
Title	DIRECTOR	Title	DIRECTOR
Name	SHERRY, JOSEPH	Name	CHAPLO, MICHAEL
Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203	Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228
Title	DIRECTOR	Title	DIRECTOR
Name	CORDER, TODD	Name	LEVINE, BARRY
Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203	Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: BRYAN FORRESTER PRESIDENT 04/20/2023

Electronic Signature of Signing Officer/Director Detail | Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SEGAL, TERRY
Address	C/O REALMANAGE 4134 GULF OF MEXICO DR. SUITE 203
City-State-Zip:	LONGBOAT KEY FL 34228