


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-16-2007 90039 011 ****61.25

DOCUMENT # 763434 1. Entity Name			
WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 35142 WHISPERING OAKS BLVD RIDGE MANOR FL 33523 US		Mailing Address 35142 WHISPERING OAKS BLVD RIDGE MANOR FL 33525 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHAPMAN, SAYBRA 35113 WHISPERING OAKS BLVD RIDGE MANOR FL 33523		7. Name and Address of New Registered Agent Name <u>WILLIAM SMITH</u> Street Address (P.O. Box Number is Not Accountable) <u>34532 WHISPERING OAKS BLVD</u> City <u>RIDGE MANOR</u> <u>FL</u> Zip Code <u>33523</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE <u>1 May 2007</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> CHAPMAN, SAYBRA 35113 WHISPERING OAKS BLVD RIDGE MANOR FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> WILLIAM SMITH 34532 WHISPERING OAKS BLVD RIDGE MANOR, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> RICE, ERNEST L 34441 CEDARFIELD DR RIDGE MANOR FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> SMITH, WILLIAM 34532 WHISPERING OAKS BLVD RIDGE MANOR FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> PAUL BROWNLEE 35098 WHISPERING OAKS BLVD RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> ARMSTRONG, ROBERT 35071 SMOKE TREE LN RIDGE MANOR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> ROBERT C. EHRMAN 35145 WHISPERING OAKS BLVD RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> JORDAN, IMA J 34510 CEDARFIELD DRIVE RIDGE MANOR FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> WILLIAM J. BARBERA 34511 CEDARFIELD DR RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>[Signature]</u> JACK JENSEN-TREAS		DATE: <u>2/23/07</u> 352-583-0498	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	