

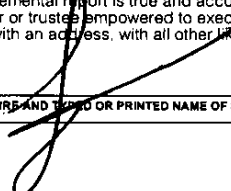


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 026 ****61.25

DOCUMENT # N02015					
1. Entity Name WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33061 US			Mailing Address C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33061 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2785413	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENCHMARK PROPERTY MGMT., INC 4932 WILES ROAD CORAL SPRINGS, FL 33067 7932				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIL, ELVIS		NAME	Pagano, James	
STREET ADDRESS	5505 LEITNER DRIVE WEST		STREET ADDRESS	7772 NW 52 PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Coral Springs FL 33067	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, PAMELA		NAME	Campbell, Dwight	
STREET ADDRESS	7605 NW 51 PLACE		STREET ADDRESS	5205 WHISPER DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, JAMES		NAME		
STREET ADDRESS	7772 NW 52 PLACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, GARFIELD		NAME		
STREET ADDRESS	7668 NW 50 COURT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANNASARDO, DORA		NAME		
STREET ADDRESS	4775 LEIMER DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40068725



04042007 Chg-NP CR2E037 (12/06)