

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02015

FILED
Jan 19, 2009
Secretary of State

Entity Name: WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-2785413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW, AND LEVINE, P.A.
1900 NORTH COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PAGANO, JAMES
Address: 7772 NW 55 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: EPSTEIN, PAMELA
Address: 7605 NW 51 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: SANNASARDO, DORA
Address: 4775 LEITNER DRIVE WEST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD (X) Delete
Name: CAMPBELL, DWIGHT
Address: 5205 WHISPER DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T (X) Delete
Name: LANDON, DARRELL
Address: 5497 LEIMER DRIVE
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LANDON, DARRELL
Address: 5497 LEITNER DRIVE EAST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WENDY PHILIPS

PM

01/19/2009

Electronic Signature of Signing Officer or Director

Date