

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 21, 2004
Secretary of State**

DOCUMENT# N03000003875

Entity Name: WHISPER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

811 EUCLID AVE., UNIT NO. 1
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

811 EUCLID AVE., UNIT NO. 1
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-1174864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G
218 ALMERIA AVE.
CORAL GABLES, FL 33134 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: PD () Delete
Name: EXELBERT, BRIAN
Address: 811 EUCLID AVE., UNIT NO. 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: CUNNINGHAM, KEVIN
Address: 811 EUCLID AVE., UNIT NO. 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete
Name: STEM, SAMUEL
Address: 811 EUCLID AVE., UNIT NO. 1
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CUNNINGHAM, KEVIN
Address: 811 EUCLID AVE., UNIT NO. 7
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD (X) Change () Addition
Name: STERN, SAMUEL
Address: 811 EUCLID AVE., UNIT NO. 6
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN EXELBERT

PD

10/21/2004

Electronic Signature of Signing Officer or Director

_____ Date