

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003875

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: WHISPER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

811 EUCLID AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 402507  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

3527 NE 168TH STREET #404  
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-1174864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COMPLETE PROPERTY MANAGEMENT  
3550 BISCAYNE BLVD.  
SUITE 401  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

ASSOCIATION ACCOUNTING & MANAGEMENT  
3527 NE 168TH STREET  
404  
NORTH MIAMI BEACH, FL 33160 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: DAVID COOPER

06/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EXELBERT, BRIAN  
Address: 811 EUCLID AVE., UNIT NO. 1  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D ( ) Delete  
Name: DIMOLITSAS, SPIRO  
Address: 811 EUCLID AVENUE # 14  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: DIMOLITSAS, SPIROS  
Address: 811 EUCLID AVENUE # 14  
City-St-Zip: MIAMI BEACH, FL 33139

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: BRIAN EXELBERT

D

06/18/2009

Electronic Signature of Signing Officer or Director

Date