


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004993**

1. Entity Name  
 WHISPERING TRAILS HOMEOWNERS ASSOCIATION OF WINTER HAVEN, INC.



Principal Place of Business 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804	Mailing Address 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2889608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP  
 ONE INDEPENDENT DR., STE. 1300  
 JACKSONVILLE, FL 32202-5017

**DO NOT WRITE IN THIS SPACE**

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.  **\$5.00** May Be Added to Fees

U000000664062  
 03/22/07-80030-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRAMER, STUART A. 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HAMNER, DWAYNE R. 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVY, EVELYN 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **3-7-07** **407 896-9099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #