


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-2889608**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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	<del>DP LEVY, EVELYN 3100 CLAY AVE., STE. 275 ORLANDO, FL 32804</del>
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 03/18/08-80032-008 61.25

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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: *Stuart Kramer* **STUART KRAMER** 3/3/2008 407 896-9059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #