2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N08000007663

Entity Name: WHISPERING WOODS PLANT CITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14055 RIVEREDGE DR., STE. 200
TAMPA, FL 33637

New Principal Place of Business:

14055 RIVEREDGE DR., STE. 150
TAMPA, FL 33637

Current Mailing Address:

14055 RIVEREDGE DR., STE. 200
TAMPA, FL 33637

New Mailing Address:

14055 RIVEREDGE DR., STE. 150
TAMPA, FL 33637

FEI Number: 26-4662780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYNER, J. HUGH
14055 RIVEREDGE DR., STE. 200
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

JOYNER, J. HUGH
14055 RIVEREDGE DR., STE. 150
TAMPA, FL 33637 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JOYNER, J. HUGH
Address: 14055 RIVEREDGE DR., STE. 200
City-St-Zip: TAMPA, FL 33637

Title: DVP ( ) Delete
Name: THOMPSON, LARRY
Address: 14055 RIVEREDGE DR., STE. 200
City-St-Zip: TAMPA, FL 33637

Title: DS ( ) Delete
Name: CLEMMONS, RUBY
Address: 14055 RIVEREDGE DR., STE. 200
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: J. HUGH JOYNER DP 04/14/2009
Electronic Signature of Signing Officer or Director — Date