


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90012 048 ****61.25

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| DOCUMENT # N09097 |  |
| 1. Entity Name WHISPERING SANDS ASSOCIATION, INC. | |

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| Principal Place of Business 114 PALMETTO ST 2 DESTIN, FL 32541 | Mailing Address POB 1895 DESTIN, FL 32540 |
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| 2. Principal Place of Business - No P.O. Box # 6015 W County Hwy 30A | 3. Mailing Address P.O. Box 1895 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Santa Rosa Beach FL | City & State Destin FL |
| Zip 32459 | Zip 32540 |
| Country Walton | Country Okaloosa |



03232007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2668718 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SEACOAST ASSOCIATION MGMT 114 PALMETTO ST 2 DESTIN, FL 32541 | |
| 7. Name and Address of New Registered Agent Name Seacoast Association Management Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Walt Leiver 12273 U.S. Hwy 98 Suite 204A City Destin FL Zip Code 32550 | |

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.

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| SIGNATURE  | 3.22.7 |
| Signature, typed or printed name of registered agent and title if applicable | DATE |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRENNAN, BILL POB 38567 GERMANTOWN, TN 38183 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Rev. M. M. Benitez 6103 Mt. Villa Cove Austin, TX 78731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRICK, DONALD 460 CLEAR CREEK TERR ROSWELL, GA 30076 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Bill Brennan P.O. Box 38567 Germantown, TN 38183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRICK, BARBARA 460 CLEAR CREEK TERR ROSWELL, GA 30076 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Donald Frick 460 Clear Creek Terr Roswell GA 30076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Wilford Gross P.O. Box 310 Columbus, GA 31902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|  | 3.22.7 |
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