

NO9097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

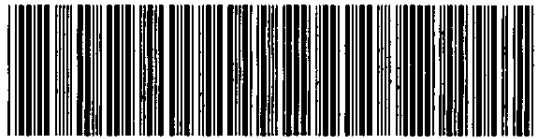
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 14 PM 12:05

OCT 15 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WHISPERING SANDS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N09097

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETH GODWIN  
Name of Contact Person

DUNE ALLEN REALTY, INC.  
Firm/Company

5200 W CO HWY 30A  
Address

SANTA ROSA BEACH, FL 32459  
City/State and Zip Code

BGODWIN@BEAUTIFULBEACH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH GODWIN at ( 850 ) 267-2121  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WHISPERING SANDS ASSOCIATION, INC.

2. The principal office address: 5200 W CO HWY 30A, SANTA ROSA BEACH, FL 32459

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/06/1985 Document number: N09097

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TIME ASSOCIATION & PROPERTY MGMT, INC.

12889 EMERALD COAST PKWY, SUITE 110-A

DESTIN, FL 32550

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DUNE ALLEN REALTY, INC.

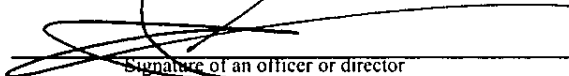
5200 W CO HWY 30A

P.O. Box NOT acceptable

SANTA ROSA BEACH, FL 32459

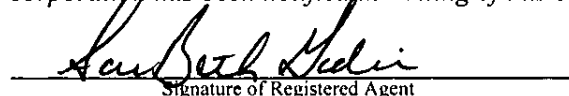
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

BILL BRENNAN, VP  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/1/09  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

BETH GODWIN  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*