

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N12250

1. Entity Name
WHISPER LAKES UNIT 7 HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**215 CELEBRATION PLACE
SUITE 500
KISSIMMEE, FL 34747**

Mailing Address

**C/O AMERICAN COMMUNITY MGMT. INC.
215 CELEBRATION PL., SUITE 500
KISSIMMEE, FL 34747**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2810728

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BISHOP, WILLIAM P
215 CELEBRATION PLACE
SUITE 500
KISSIMMEE, FL 34747**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DYER, JOHN A
STREET ADDRESS	11507 KEELEY CT.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VPD
NAME	MCKNIGHT, GREGORY
STREET ADDRESS	2624 WHISPER LAKES CLUB CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	STD
NAME	DYER, EMELDA C
STREET ADDRESS	11507 KEELEY CT
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000003147
01/20/04-80093-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Emelda C. Dyer* **Emelda C. Dyer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

407-240-1234

Date

Daytime Phone #