

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12250

FILED
Apr 13, 2005
Secretary of State

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

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
KISSIMMEE, FL 34747

New Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

FEI Number: 59-2810728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PFAUSER, MARGO
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: MARGO PFAUSER

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DYER, JOHN A
Address: 11507 KEELEY CT.
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: MCKNIGHT, GREGORY
Address: 2624 WHISPER LAKES CLUB CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: STD () Delete
Name: DYER, EMELDA C
Address: 11507 KEELEY CT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTILA, JUDI
Address: 11603 WATERLILY COURT
City-St-Zip: ORLANDO, FL 32837

Title: VPD (X) Change () Addition
Name: WHITESIDE, LAWRENCE
Address: 2713 WHISPER LAKES CLUB CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: STD (X) Change () Addition
Name: FRANKS, LINDA
Address: 2724 WHISPER LAKES CLUB CIRCLE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGO PFAUSER

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04/13/2005

Electronic Signature of Signing Officer or Director

Date