
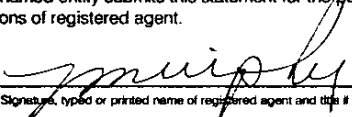

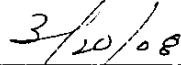
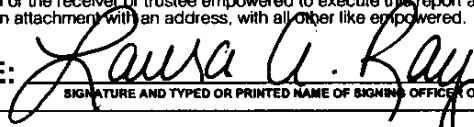
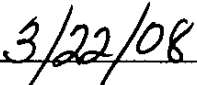



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 027 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N06000004446 1. Entity Name WHISPERING PALMS RECREATION ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 | | | Mailing Address C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 | | |
| 2. Principal Place of Business - No P.O. Box # C/O Intergrated Property Mgmt. | | 3. Mailing Address C/O Intergrated Property Mgmt. | | | |
| Suite, Apt. #, etc. 3435 10th Street N. #201 | | Suite, Apt. #, etc. 3435 10th Street N. #201 | | | |
| City & State Naples, FL | | City & State Naples, FL | | | |
| Zip 34103 | Country | | Zip 34103 | Country | |
| 4. FEI Number 20-5411637 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 | | | 7. Name and Address of New Registered Agent Name C/O Intergrated Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201 City Naples, FL 34103 FL Zip Code | | |
| 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    <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2008 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STACKHOUSE, EDWIN D 9420 ESTERO PARK COM BVLD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP Brooks, Scott % Pulte Home- 9240 Estero Park Com. Blvd. Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV MEEKS, W. MICHAEL 9240 ESTERO PARK COM BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP McCormick, Rich 9240 Estero Park Commons Blvd. Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST RAY, LAURA 9240 ESTERO PARK COM BVLD ESTERO, FL 33928 <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 | |
| 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. | | | | | |
| SIGNATURE:    <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 3/22/08 Daytime Phone # 239-495-4802 | | | | | |