2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N12250

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-2810728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VPD ( ) Delete
Name: DAVIS, MICHELLE
Address: 11618 OTTAWA AVE.
City-St-Zip: ORLANDO, FL 32837

Title: ST ( ) Delete
Name: GROSS, TIM
Address: 11601 OTTAWA AVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: DAVIS, MICHELLE
Address: 11618 OTTAWA AVE.
City-St-Zip: ORLANDO, FL 32837

Title: ST (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 exemption stated 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 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: MICHELLE DAVIS PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date