I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu- above, or on an attachment with all other like empowered.		
SIGNATURE: RICHARD JAHNKE	PRESIDENT	02/27/2015

Address	13752 ORANGE SUNSET DI
City-State-Zip	TAMPA EL 33618

Officer/Di	rector	Detail	:
Title	р		

Title	Ρ	Title	TREASURER
Name	JAHNKE, RICHARD	Name	BOLAND, MICHAEL
Address	13752 ORNAGE SUNSET DR	Address	13752 ORANGE SUNSET DR
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618
Title	VP	Title	SECRETARY
Name	ALLAWAY, JIM	Name	LODGE, CHRISTOPHER
Name Address	ALLAWAY, JIM 13752 ORANGE SUNSET DRIVE	Name Address	LODGE, CHRISTOPHER 13752 ORANGE SUNSET DRIVE

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.

FEI Number: 20-4235105

Name and Address of Current Registered Agent:

INC.

TRYBUS, RONALD H KASS SHULER ET AL 1505 N FLORIDA AVENUE TAMPA, FL 33602 US

SIGNATURE:

TAMPA, FL 33618

Current Principal Place of Business:

13752 ORANGE SUNSET DRIVE

TAMPA, FL 33618 US

13752 ORANGE SUNSET DRIVE

Electronic Signature of Registered Agent

Current Mailing Address:

DOCUMENT# N0500008517 Entity Name: WHISPERING OAKS OF TAMPA CONDOMINIUM ASSOCIATION,

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 27, 2015 Secretary of State CC0416411447

Certificate of Status Desired: No

Date