Name and Address of Current Registered Agent:			
R			
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.			
: JENNIFER PENTON			05/31/2020
Electronic Signature of Registered Agent			Date
ctor Detail :			
DIRECTOR	Title	DIRECTOR	
CARRICARTE, BRIAN	Name	PENTON, JENNIFER	
8724 SW 72 STR SUITE 531	Address	8724 SW 72 STR SUITE 531	
MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173	
	IIFER R 73 US <i>I entity submits this statement for the purpose of changing its regis</i> :: <u>JENNIFER PENTON</u> Electronic Signature of Registered Agent <b>Ctor Detail :</b> DIRECTOR CARRICARTE, BRIAN 8724 SW 72 STR SUITE 531	IIFER R 73 US 73 US 73 US 74 entity submits this statement for the purpose of changing its registered office or registered office or registered Agent 75 Electronic Signature of Registered Agent 76 Detail : 77 Detail : 78 DIRECTOR 79 Title 70 CARRICARTE, BRIAN 70 Name 70 Address 70 SUITE 531	IFER         R         73 US         I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florest State         Electronic Signature of Registered Agent         Ctor Detail :         DIRECTOR       Title         CARRICARTE, BRIAN       Name         8724 SW 72 STR       Address         8724 SW 72 STR       SUITE 531

**Current Mailing Address:** 8724 SW 72 STR

SUITE 531 MIAMI, FL 33173 US

## FEI Number: 27-2629216

d Addroc a: \_ t 4 D. ۸ IA N

## I hereby 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 all other like empowered.

SIGNATURE: JENNIFER C PENTON

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

05/31/2020 Date

May 31, 2020 Secretary of State 3543807831CC

FILED

Certificate of Status Desired: No

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0600004327

Entity Name: WHISPER OAKS VILLAS HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

300 FOREST GLEN BLVD DAYTONA BEACH. FL 32114