

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000004327

**Entity Name:** WHISPER OAKS VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

220 CHARLES ST  
PORT ORANGE, FL 32129

**Current Mailing Address:**

P.O. BOX 730788  
ORMOND BEACH, FL 32173 US

**FEI Number:** 85-3663727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEABREEZE CORPORATE SERVICES LLC  
444 SEABREEZE BLVD  
SUITE 900  
DAYTONA BEACH, FL 32118 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:** JEFFREY BROCK

04/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOHMAN, TY  
Address        P.O. BOX 730788  
City-State-Zip: ORMOND BEACH FL 32173

Title            TREASURER  
Name            MCCARTHY, SARENA  
Address        C/O STARR PROPERTIES  
                  P.O. BOX 730788  
City-State-Zip: ORMOND BEACH FL 32173

Title            VP  
Name            VANDAGRIFF, SARAH D  
Address        PO BOX 4235  
City-State-Zip: ORMOND BEACH FL 32175

Title            SECRETARY  
Name            VANDAGRIFF, JOHN  
Address        PO BOX 4235  
City-State-Zip: ORMOND BEACH FL 32175

*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:** SARAH D VANDAGRIFF

VP

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date