

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005381

**Entity Name:** WHISPER DUNES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

120 RICHARD JACKSON BLVD.  
SUITE 220  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

3434 COLWELL AVE  
SUITE 200  
TAMPA, FL 33614 US

**FEI Number: 26-2778548**

**Certificate of Status Desired: No**

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

DUNLAP & SHIPMAN, P.A.  
2063 CO HWY 395  
SANTA ROSA BEACH, FL 32459 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: ROBERT KAUFFMAN**

**03/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PEZLEY, RON  
Address 120 RICHARD JACKSON BLVD.  
SUITE 220  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VP  
Name KOCUREK, DAVID  
Address 120 RICHARD JACKSON BLVD.  
SUITE 220  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title PRESIDENT  
Name CHRISTIAN, JUDY  
Address 120 RICHARD JACKSON BLVD.  
SUITE 220  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title SECRETARY  
Name TESTON, JUSTIN  
Address 120 RICHARD JACKSON BLVD.  
SUITE 220  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title TREASURER  
Name THOMPSON, BRIAN  
Address 120 RICHARD JACKSON BLVD.  
SUITE 220  
City-State-Zip: PANAMA CITY BEACH FL 32407

*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: JUDY CHRISTIAN**

**PRES**

**03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date